Health - 1923.

D.C.

MOTHERS INVITED TO HAVE THEIR BABIES EXAMINED

W.C.

Welfare Centers Throughout City Opened To All Parents

The Washington Tribune 3/17/23

Colored children and white children are equally welcome at the centers where physical examinations of those up to the age of 3 years are now being conducted by the Children's Bureau of the U. S. Department of Labor, it is stated by the bureau in announcing its schedule for the week of March 19. This is true not only at the Freedmen's Hospital, where children may be examined on Tuesday morning of next week, but also at all the other stations on the list.

The study of child health which the Children's Bureau is making offers an opportunity to parents to have their babies examined free of charge by Government physicians, and during the past week many parents have taken advantage of this opportunity. They are thus finding out whether their children are in the best of health or whether they should go to their own doctors for treatment.

There have not been as many babies under 6 months of age, however, as of children a little older, and it is hoped that more babies about 2 to 6 months old will be brought in, in order to make sure that they are getting the best start in life.

The bureau also urges the mothers who wish to bring their children to the centers of the Child Welfare Society for examination to make an appointment at least one day beforehand. In this way they will avoid long waits at the centers.

The following is the list of Child Welfare Society centers where the examinations will be given next week. The telephone numbers of each center are given, so that mothers may call up to make appointment. The best time to call up is between 11 and 12 o'clock on the day before the examination.

Monday, morning and afternoon, Center No. 3, 12th and V Sts., N.W., North 5589.

Tuesday morning, Center No. 9, Freeedmen's Hospital North 1896.

Tuesday afternoon, Center No. 7, 1130 K St., S.E., Lincoln 2218.

Wesdnesday morning, Center No. 6, 900 Maryland Ave., N.E., Lincoln 1453.

Wednesday afternoon, Center No. 4, 330 C St., N.W., Franklin 2342.

Thursday morning and afternoon, Center No. 5, 1235 4½ St., S.W., Main 4227.

Friday morning, Center No. 2, 21st and G Sts., N. W., West 376.

Friday afteroon, Center No. 4, 330 C St., N. W., Franklin 2342.

At the dispensary of the Children's Hospital examinations will be held on Tuesday, Thursday, and Saturday afternoons between 1 and 2, and mothers who take their children there at these times may have them examined without previous appointment.

NEW YORK [illegible] 1923

Significant Social Progress.

Perhaps the most remarkable achievement to be credited to the last few years is the prodigious reduction in the infant death rate. The figures just announced by the United States Census Bureau for the birth registration area show that out of every 1,000 babies born only 76 died within twelve months. For the country as a whole this is a remarkably low rate.

Just since 1915 have the records been accurately kept. At that time those States whose systems of birth registry met the standards set up by the Census Bureau comprised the so-called birth registration area. The first report covered only ten States and the District of Columbia. The mortality figures now include returns from more than 82 per cent. of the population of the country.

In 1916 the infant death rate was 101 in every 1,000. Since that time the reduction has been steady except for the influenza year of 1918. In 1920 the death rate was only 86, and this seemed to be relatively small. But 1921 reduced the waste of babies to 76 in every 1,000, an unprecedentedly small proportion for a populous nation.

Within the country, however, the infant death rate varies widely. The mortality of white babies is only 72 to the 1,000, as contrasted with 108 for the infants of colored parents. Even greater differences are to be found in different States and cities and, as the Children's Bureau discovered, in the wards of cities.

Oregon was the banner State, with but 51 infant deaths to 1,000 births, while Delaware had the unenviable distinction of being at the other end of the line with a mortality rate of 98. In Delaware the contrast between the whites with a rate of 84 and the colored families with a loss of 187 children out of every 1,000 born is shocking.

Cities reflect wider contrasts. Pasadena, California, for example, led with a mortality rate of 31, while Charleston, South Carolina, had 161. The total rate for New York city was 72, with a figure of 69 for white babies and 135 for colored.

The manifest conclusion to be drawn from these data is that infant life at any rate is purchasable. Prosperity and a high civilization lower the death rate of babies to what may be an irreducible biological minimum. Poverty and ignorance and the lack of sanitary facilities greatly increase the mortality.

The advance made since birth and death rates were reckoned and published, however, is a promise of the ultimate conquest of those conditions which result in the destruction of human beings. For once the social causes of excessive infant mortality are generally known the public conscience cannot rest easy until needless deaths are prevented.

Howard School Professor To Study Health

WASHINGTON, D. C., Nov. 22.—In co-operation with the U. S. Public Health Service, Dr. A. B. Jackson, director of the School of Public Health, is making an epidemiological study of respiratory diseases among the students of Howard University. It is customary to regard the Negro as most susceptible to this class of diseases. In making up [illegible] statistics whole groups are taken and studied, and no difference made as to the various degrees of intelligence, manner of living, and physical care. This method is correct, but in most instances because of the large percentage of ignorance with its consequent indifference among Negroes, our whole race suffers by comparison with the whites.

The study being made at Howard University by Dr. Jackson should prove most interesting inasmuch as he is dealing with a relatively select group, whose method of living and knowledge of health are about on par with that of a similar group of whites. A questionnaire has been filled by every student of the University, dealing with the past and present history of each regarding his having had any of the respiratory diseases, influenza, asthma, common colds, penumonia, tuberculosis, tonslitis, etc. Every two weeks a check is made to determine the development of any such affections during the interim.

Health—1923. General.

ATLANTA WINS FIRST PRIZE SECOND TIME BY ITS CLEAN-UP CAMPAIGN

New York News

By JESSE O. THOMAS,
Secretary Natinoal Urban League

In order to stimulate rivalry in the various cities of the South in an annual clean-up effort a prize was offered in 1917 by the National Negro Business League, consisting of a loving cup to be given by the city that presented the best organization for the purpose of cleaning up and beautifying the city during the National Negro Health Week. The contestants were confined to the Negro population of the several Southern cities.

Atlanta won the first prize the first time in 1917. The judges awarded Atlanta the first prize at the session of the National Negro Business League at Hot Springs, Ark., August 17. This prize is offered for the best organized machinery for a clean-up campaign and the one most successfully conducted. 9-8-23

The organization that has taken the lead in the Clean-Up Campaign of Atlanta is the Anti-Tuberculosis Association. This organization has a colored auxiliary whose chairman is Mr. J. A. Robinson of the Standard Life Insurance Company. The pioneer work was done by this organization with the co-operation of the Neighborhood Union, which covered a period of several years before they got recognition and support from the city. In 1920 and 1921 the business interests of the city carried on some publicity in the interest of a city-wide clean-up effort. In 1922 the first city-wide movement promoted by the city as such was launched. This effiort was repeated in the spring of 1923. Each year additional organizations have come into the clean-up campaign directed by the Anti-Tuberculosis association until at present the following organizations are active participants: Neighborhood Union, Y. M. C. A., Y. W. C. A., Board of Health, Anti-Tuberculosis Association, The Service Foundation and the Business Men's League and the Atlanta and National Urban Leagues.

Work accomplished through this voluntary and independent effort on the part of colored people through their various organizations under the leadership of the colored auxiliary of the Anti-Tuberculosis Association attracted sufficient recognition with the city government to have the city's Clean-Up Campaign to include the program of the organization mentioned above in one big city-wide effort to clean up and beautify Atlanta. Mr. Robinson was appointed chairman of a central committee, co-ordinating the work of the city and the various welfare organizations among the race group in such a way as to give it official sanction and recognition and a relationship to the sanitary and other departments of the city government which would make the work more effective, more far-reaching. Mr. Robinson in turn appointed a committee of social workers and public spirited persons to work with him, many of whom headed up certain committees.

Mr. Charles A. Shaw, chairman of the Publicity Committee.

L. L. Foster, Stunt Committee.

Mrs. A. M. Wilkins, Suggesting Committee.

Mrs. J. T. Hill, Planting Flowers and Trees Committee.

W. J. Faulkner, Speakers' uBreau.

W. J. Trent, Churches.

Cornelius King, Vacant Lots.

S. L. Lockett, Moving Pictures.

J. A. Robinson, Streets, Sideways and Alleys.

Dr. J. W. Burney, Health Laws.

Mrs. M. A. Jones, Public Schools.

J. O. Thomas, Public Buildings.

Mrs. John Hope, Neighborhood Union.

S. S. Abrams, Grocery Stores and Markets.

Mrs. W. K. Harreld, Private Schools Colleges.

Miss A. S. Smith, Prizes.

Mrs. H. R. Chivers, Institutions.

Miss Katie Kelley, Field Workers.

Much of the success is due to the efforts of Miss Katie Kelley, educational secretary of the Anti-Tuberculosis Association, the character of whose work through her daily contact of school children and many of the parents. A brief history as relates to the number of persons taking part is very important.

Number of members of committee, 21.

Number of meetings of general committee, 4.

Teachers promoting campaign in the city, 250.

Teachers promoting campaign in the county, 35.

Neighborhood Union Work, 15.

College Students, 60.

Nurses working in the Field, 5.

Students from Social Service School, 7.

District Visitors, 5.

Number of people promoting campaign as fiield workers, 388.

Number of children filling out survey blanks, 11,000.

Sixteen city schools and 18 county and 4 private schools participated.

Number of homes planting shrubbery and otherwise beautifying premises, 1,702.

Number of homes painted, 1,025.

Number of vacant lots cleaned, 1,743.

In addition to the newspaper articles, including one article in the Associated Press, 200 posters were supplied by the U. S. Health Bureau and 2,500 tags with inscriptions on both sides in attractive letters, "Burn, bury and beautify," were contributed by the Standard Life Insurance Company. An equal number of tags with the wording "Clean up Atlanta" were contributed by the Pilgrim Insurance Company. Thirty business men participated in the campaign, dressed in overalls and carrying brooms, and assisted in cleaning the stores and business places on Auburn avenue. The planting committee reported 30,000 packages of flower seeds distributed. Seeds were secured through Congressman W. D. Upshaw. In connection with the Better Baby Health Clinic during the campaign 450 pieces of literature were distributed. Five hundred pieces of literature were distributed relating to the care of the teeth. Including the literature on teeth, adenoids and tonsils and the literature on flies, etc., there were 14,450 pieces of literature distributed.

Two prizes of $25 and $12.50 were awarded to Yonge and Ashby street schools, respectively.

The school prize for the best poster for colored department was won by Mitchell Street School.

Many beautiful, attractive pictures were taken of the premises, including flower gardens, back yards and painted buildings, to illustrate the results of the campaign as it affected the whole citizenry and also illustrated the influence of such campaigns on the permanent health of a community.

This is simply another instance of how, through the co-operation and recognition on the part of the city government and public officials with the colored people in their effort and yearning to make Atlanta a more attractive, a more wholesome, a more desirable city for "all the children of all the people" to live in, the attention of the outside world is called to the accomplishments and position that Atlanta occupies as a municipality in our national life. Some of the foremost citizens of the world, white and black, live in Atlanta. It also illustrates what would be possible in terms of a "city beautiful," not only during the National Health Week but the year around, if the city fathers could be induced to recognize the wisdom of increasing the garbage removal facilities to the point where the garbage in the colored districts would be removed with such frequency as to make the foul and stagnating odor, that is so prevalent in many sections, impossible. If the streets and lights and water mains and sewage system in the Negro section of our city would get the consideration that the Negro's tax and esthetic taste entitles him to, the "ear-marks" of the Negro section would disappear from our municipality. We would have a happier, a more contented and a more permanent Negro population.

STATISTICS SHOW DEATH RATE OF NEGRO BABIES HIGHER THAN WHITE.

Dallas Express
Dallas, Texas

(By A. N. P.)

Baltimore, Md., Aug. 31.—Colored babies as a class have a higher death rate than white babies, according to a report made to the U. S. S. Dept. of Labor through the Children's Bureau in this city. 9-1-23

Facts were secured from more than 1,000 Negro families in which babies were born during the year of the study. Thirteen per cent of the entire number of births for the year were in these families.

The infant mortality rate among these Colored families was higher than that among any otner group, either native white or foreign born, except among the babies of Polish mothers, which had a slightly higher rate than the Negroes. The Negro rate was 158.6 per 1,000 compared with 95.9 for native white mothers and compared with 51.0 for babies of Jewish mothers, who had the lowest mortality rate of any nationality group in the city.

The Bureau agents visited the Colored families and analyzed the facts assured in order to see what seemed to be the most important reasons for this high death rate among Negro babies under one year of age.

As to the surroundings of the Colored babies, the report points out that Baltimore is built on the alley plan and in these narrow back streets lived a good percentage of the Negro population. A study of housing conditions made some years previous to the Bureau's study described certain typical Negro alleys. Space was less congested in these alleys than in the Jewish and Polish districts but a higher percentage of dwellings were seriously out of repair. There was a great lack of decent toilet facilities and the alleys were damp and filthy.

Employment of mothers with lack of time to properly care of children, low wages of fathers were also cited as contributing causes.

A WORD TO THE WISE.

The Mosaic Guide
8-20-23

Prepared by
Arkansas Tuberculosis Association

The conservation of health is becoming more and more a subject engrossing the minds of our great thinkers. Little Rock Ark

Human life through many ages has been all too cheap, and little aid or sympathy has been the lot of those whose mental or bodily condition prevens their battling with their fellows to secure for themselves a share of the good things of life.

If only from a selfish standpoint dictated by even the crudest economic motives, the state should look to the health of its citizens, for an increase in the average span of life adds to the potential wealth of a country.

Statistics have proven that in the last 50 years in America the average age has been raised from 40 to 50 years. The most conservative estimate shows that the average person produces $100 a year more than he consumes. It is clearly seen then that adding even one year to the average life is equivalent to the annual increase of more than ten billion dollars to the national wealth.

But this is not all. Illness is an important source of inefficiency and non-production. The average loss from sickness is about seven days each year, or about two per cent of the working time. The wage loss through this item alone runs an approximate annual total of $700,000,000. Including cost of medical attention, drugs, appliances, etc., the sum runs to the billion dollar mark.

the committee estimates that the number of

JUL 18 1923

DEATH AND THE NEGRO.

According to a report issued by the Interior Department of the federal government, the death rate among the negroes is 17 per thousand—or 70 per cent. greater than the death rate among the white people of this country. The figures are based upon statistics collected by a college of high standing. If after the exodus has further progressed and another winter has come with its rigors and hardships the figures could again be taken accurately, North as well as South, it would not be surprising to learn that the discrepancy between the death rate among negroes and that among white people became even greater. The statistics have another grewsome phase: The number of colored doctors increased very slightly in the past few years as compared with the increased number in the profession among white people and startlingly slight in comparison with growing population figures, while the number of negro undertakers increased in ten years sixty per cent.

There is a cause to be sure. The white people of the South understand how difficult that cause is to remove—or even effectively affect. The white people of the South, too, despite all the radicals may say, understand and appreciate the fact that the dominating white race is morally ward for the weaker colored race; the white people of the South have been doing a great work endeavoring to better the condition of the negro physically. The Northern whites must now help share that responsibility. At the last, the more intelligent race, the more numerous race, the wealthier and in every sense dominating race must perform its duty toward the negro in helping him to better living conditions that the death rate may be brought down. It can be done; the work may be slow—it will be complex and difficult in many cases. But it is a part of the white man's burden, North and South.

SOME PUBLIC HEALTH PROBLEMS OF THE NEGRO

According to the figures compiled by some of the leading white insurance companies, Negroes are affected more by tuberculosis, the infantile diseases, pellagra and the venereal diseases than by any of the other important diseases.

Tuberculosis exacts a toll of about eleven times as many colored boys between the ages of ten and fourteen as white boys of corresponding ages. About eight times as many young colored girls succumb to the disease as white. After the age of thirty-five there is not much difference in the affect the disease has upon the two races.

The average death rate of Negro babies is about 200 out of 1,000 births. Statistics on venereal diseases cover too inadequate a number of persons to afford a reliable cross section view. These diseases are very prevalent throughout the whole country. They affect all classes, therefore one must naturally suspect that the Negro is receiving his share. Gonorrhea and syphilis constitute a great public menace. They are responsible for much insanity, paralysis, locomotor ataxia, sterility, organic heart trouble and other pathological conditions.

The death rate of colored people is about 16 per 1,000 as compared with 10 per 1,000 of white. The average length of life of a white male is 46 years, colored 37 years; white female 52 years, colored female, 39 years.

As a rule we are loathe to accept statistics compiled by white organizations. But in the absence of statistics compiled by Negro organizations, one must be willing to accept these statistics as indicating a tendency, at least.

The difference in prevalence of these diseases must not be attributed to difference in race. Contrarily the difference in prevalence should be viewed as rising from conditions of ignorance unhygienic and unsanitary conditions. To be specific the fear of the physician and hospital, poor housing, lack of recreational facilities and economic insufficiency are factors that render the Negro comparatively unequal to the task of combatting disease. Morbidity and mortality are also caused by the over indulgence of appetites. In this case the church may cooperate in reducing the prevalence of disease by developing strong characters. Emotional arousement as an end in itself is bound to complicate the problem of control and proper expression of the appetites. Of course, inasmuch as we are emotional as well as reasonable beings, any appeal made to us whether religious or ethical, must stimulate the emotions. But the type of emotional arousement referred to here does not arise from an inspiration, the basis of which is coherence and reason. This kind of emotion merely excites. It is thus bound to bring about undesirable reactions.

The program adopted by the church should include public health lectures by competent physicians. Health literature should be distributed at all meetings. The importance of physical examinations once a year, fresh air, wholesome food and balanced diet should also be emphasized. The health educational campaign carried on by the Metropolitan Life Insurance Company reduced the death rate in tuberculosis 22 per cent. and the rate of mobility among colored policy holders about nine per cent.

The home has a direct bearing on the physical, mental and spiritual life of a race. Here the sex factor plays an important part. Sex may make human life immeasurably rich and happy, or extremely miserable. We must therefore, impart to our children a proper concept of this instinct. But we cannot get far in control of venereal diseases as long as law enforcement measures function unequally in the suppression of vice among the two races. Many communities are satisfied to leave their Negro districts to unsanitary conditions. This is a vital matter because of its influence on the general public health situation. Disease germs draw neither the class nor color line.

FRANKLIN O. NICHOLS.

Journal of Social Hygiene VIII, pp. 281-285, July 1922.

NEGRO DEATH RATE HIGHER THAN WHITE

Records of 20,042 negro families show that 75 children from each 100 families have died, while records of 43,540 white families show only 47 children dead for each 100 white families, according to the birth records of 1922 as filed with the Georgia state bureau of vital statistics.

The 69,615 families, including both races represented in the birth report for 1922, show 255,960 children born, 217,484 children living and 38,476 dead. These families composed 11 per cent of the total 628,525 enumerated in the 1920 census and fairly represent the actual conditions except for the childless families included in the census, but not represented in the birth report.

The average family, according to the state's birth records, is composed of 5.2 with the record of 44,535 white families show that 367 children, 320 living and 47 dead per 100 families; the 25,042 negro families show 402 children born, 327 living and 75 dead per 100 families. The white and the negro family is approximately the same size at the present time; there had been 35 more children born in the negro [illegible] in the white families, but there had been 38 more deaths among the negro children than among the white per 100 families.

In the 44,535 families 159,967 children had been born, 139,445 were living and 20,522 were dead; in the 25,042 negro families 95,993 children were born, 78,039 were living and 17,954 were dead.

FIGURES SHOW LOWEST NEGRO DEATH RATE IN HISTORY

Metropolitan Insurance Co. Which Insures 1,000,000 Negroes, Issues Statement

RACE INCREASING FAST

Migration to the North Not Causing Higher Death Rate As South Reports

HIGH LIGHTS IN METROPOLITAN STATEMENT

1 The average child 10 years-old, can expect to live 46 years longer. At 15, he can expect to live 42 years longer.

2 The city Negro, North and South, is not dying out, but increasing.

3 Every Negro living today can expect to live from 2 to 5 years longer than he did 10 years ago.

4 Diseases which used to kill thousands of Negroes are being controlled.

5 Public health movements and colored newspapers are educating the masses.

6 Higher wages have enabled the Negro to "swat" the death rate.

New York City, Oct. 11.—Migration to the North is not causing the city Negro to die out. To the contrary figures show that the Negro death rate is lowest in history.

This is the statement just issued by the industrial department of the Metropolitan Life Insurance Company, which insures over 1,000,000 colored people. Statistics concerning its members can well be taken as a cross section of what is going on in the rest of the race.

Especially important is the Metropolitan statement at this time, because the Southern press is full of propaganda to keep the Negro in the South by declaring that in the North Negroes die fast. Say the statement:

"In past years, vital statisticians have been pessimistic with respect to the American Negro's chance for survival under the increased concentration of members of this race in the cities.

"In fact, for years there seemed to be a marked tendency toward increase in the death rate of urbanized Negroes with an accompanying excess of deaths over births. This, some students contended, would lead eventually to the extinction of the city Negro.

"But the plain facts for recent years are entirely opposed to this view, and this can best be seen from the mortality records of Negroes insured in the Industrial Department of the Metropolitan Life Insurance Company. These Negroe are, for the most part, urban dwellers in Southern as well as Northern communities.

"Life-tables show more fittingly than do other measures of mortality just what changes occur from time to time in the expected after-lifespan of population groups. In the two years, 1911-1912, the expected lifespan for colored male policyholders at age ten was 41.32 years; in 1922 the expectation was 46.74 years, an increase of about 5½ years or 13.1 per cent.

"This broadening of the lifespan among Negro males may be compared with an increase of 6.3 years or 13.8 per cent. for insured white males over the same period. Among Negro females at age ten the expectation increased from 41.30 years in 1911-1912 to 46.07 years in 1922, which is a gain of about 5 years or 11.5 per cent. This is a decidedly better record than the increase of 3.8 years, or 7.5 per cent, for insured white females.

"These figures show what has happened to promote the general well-being of the American Negro. When the lifespan of a people lengthens by as much as five years over a decade, it is indicative of far-reaching changes in conditions of life and labor. There is no longer any room for the gloomy pessimism respecting the Negro's chance for survival. The members of this race have benefited widely and are improving their

Health—1923. General

Tuberculosis Death Rate Decreasing

Norfolk Journal and Guide 3/24/23.

(Reprinted from the Journal of the National Medical Association, Jan.-Mar. 1923.)

It is interesting and encouraging to note from the report of the Bureau of the Census, United States government, released December 4th, 1922 that "the trend of the tuberculosis death rate is downward." In the registration area in the United States in 1921 there were 88,000 deaths from tuberculosis. If the ratio of deaths from tuberculosis in the area that is not registered were the same, the total number was about 107,000. This is compared with 122,000 for 1920. In the 34 states of the registration area, all except one, Utah, showed a lowered rate for 1921.

While the general report from the above standpoint is encouraging, it is not encouraging for us to note that the colored population still shows a very high death rate compared with the white population. In all sections where there are colored people in sufficiently large numbers to be enumerated separately, the death rate among the colored population is a great deal higher than among the whites; in some instances being seems to be about the same proportion that has existed for years. For instance, Florida gives an adjusted rate for 1921 of 61.9 per hundred thousand of its white popu n and 159.7 for its colored population. Kentucky 115.7 white, 326.1 colored; Louisiana 73.7 white, 213.7 colored; Maryland 97.9 white, 299.6 colored; Mississippi 55.7 white, 177.8 colored; New York 91.9 white against 306.9 colored; North Carolina 77.8 white, 211.1 colored; Pennsylvania 82.5 white 314.9 colored; South Carolina 58.1 white, 192.1 colored; Tennessee 114.2 white, 284.8 colored; Virginia 90. 6 white, 258.4 colored.

A great many arguments have been produced against statistical information, especially as it affects the colored population in comparison with the white; but setting aside criticism in this regard, statements of this kind from such an authoritative source should receive the most careful and thoughtful consideration on the part of the colored people themselves, and those who are interested in their welfare. In fact, any subject of this kind is worthy of the greatest consideration on the part of all, because tuberculosis is no respector of color. If a large percentage of the colored people are infected with it and the colored must associate, as they do, with the whites in the numerous activities of life, the latter are endangered by the infection of the former, and vice versa; hence everything that is possible should be done for these colored people to improve their health and living conditions.

We believe that it is more generally conceded now than formerly, that there is no inherent tendency or susceptibility on the part of the colored race to tuberculosis, and in this connection by "colored" we refer especially to the Negro because these figures deal more largely with Negro people than with any other colored race. We repeat, there is no special inherent tendency on the part of the Negro people to tuberculosis. We believe firmly that this higher death rate on our part is due to ignorance, superstition, unwholesome and unhygienic living conditions. We believe that careful study and investigations will support us in these conclusions.

In an article published in the Monthly Bulletin of The Department of Public Health of the City of Philadelphia, July 1922, entitled "Some Facts in Relation to Pulmonary Tuberculosis in Philadelphia," by Dr. Harriet L. Hartley, Chief of Division of Child Hygiene, the results of some important studies and investigations with reference to tuberculosis and the Negro in the city of Philadelphia are set forth, tending to show that an increased mortality from tuberculosis does not *necessarily* follo egro. She presents figures to show that in ten different districts where many Negroes live, as for instance in the Thirtieth Ward, the death rate from tuberculosis averaged for ten years, 240.5 per 100,000 population, but in 1921 showed 237.3 instead; but in the Thirty-sixth Ward with a population of 55,225, which has increased by 5,000 during the last five years, and its colored population by from 20 to 24 per cent, the tuberculosis rate dropped in ten years from 249.3 to 219 per 100,000 population, and in 1921 was only 144.9.

In the Seventh Ward, the colored population has increased during the ten years from 42 to 46 per cent. Its average mortality rate for the past ten years was 365.3, and for 1921 was reduced to 248.2.

In the Forty-seventh Ward, the population has increased in ten years from 30,307 to 33,055 and the Negro population has increased in this same ward during that period of time from 4,413 to 9,210, but the tuberculosis death rate throughout this period has been slowly and steadily decreasing, even though the Negro population in the ward has been increasing until 1921, when it was found to be 128 to 100,000 population.

"The Forty-seventh Ward has no courts, alleys, or houses in the rear. All of its houses are underdrained, most of them have bath rooms, and they have good sized yards. Most of the colored people are living in two and three story houses, and many own their own homes, while the whites have doubled up, and are living mostly in converted apartments, located in the eastern section of the ward."

The writer closes this very interesting article by stating:

"In recent years, especially since the establishment of the National Negro Health Week, the general death rate among Negroes throughout the United Stat creasing. colored readily sponds ng measures among , as can be seen in t g of the baby mortality r ith the migration of the Negro to other wards, free from congestion, and living in the proper numbers in individual houses, with good sanitary surroundings, and the mother of the family eagerly seeking and accepting the health education available, it is very probable that the slowly decreasing death rate from pulmonary tuberculosis in the colored race, will soon receive an additional impetus, and in a few years show a decided and gratifying decline."

These figures and statements would seem to support the remarks above set forth and should be of the greatest possible encouragement to all sociologic workers. The task before us is stupendous, but it is not hopeless. The death rate from tuberculosis is being lowered and can be lowered in the Negro race to the same encouraging degree as among the other races, provided the Negroes are given the same chances as others.

The Clinic

How the National Health Council Helps Health Officers the Country Over—How to Figure Your Population—Health Education of Children at Boston Dispensary

3/21/23 Boston Transcript

CONGRESS adjourned on March 4, and immediately thereafter the National Health Council issued a bulletin giving the progress in legislation in matters relating to health. There are altogether fifteen items, some of them local, which made more or less progress during the Sixty-seventh Congress, but matters that were not finally passed must begin all over again with the next Congress, although in fact their progress may be helped by the discussion they have already received.

Senate Document 302 has for its purpose the reorganization of Federal executive departments. It was submitted to Congress by President Harding on Feb. 15, but no bill was introduced and no action was taken. Sanitarians will be interested in the proposed new department of education and welfare. From the different existing departments certain bureaus or offices would be transferred to the new department. Those related to health include the Bureau of Education, Indian schools, Howard University, St. Elizabeth's Hospital, Freedmen's Hospital, Bureau of Pensions, Women's Bureau, Children's Bureau, U. S. Public Health Service, Soldiers' Home, Superintendent of Prisons, Smithsonian Institution, Federal Board of Vocational Education, National Home of Disabled Volunteer Soldiers, Columbia Institution for the Deaf and Veterans' Bureau. These are today in five different departments with the last five independent of any department. The new department would have four divisions, Health, Education, Social Service and Veteran Relief, each under an assistant secretary.

House Report 8928 was signed by the President on March 3. It is a reclassification of Government positions, and while it does not apply to the U. S. Public Health Service it may affect some other health positions in other divisions. Heads of departments will place their subordinates in groups according to the rulings of a Personnel Classification Board.

House Report 8086, for the prohibition of filled milk in interstate commerce, was signed by the President on March 3. Filled milk is defined to be "any milk, cream or skimmed milk, whether or not condensed, evaporated, concentrated, powdered, dried or desiccated, to which has been added or blended any fat or oil other than milk fat." This whole matter ha received much discussion in every section of the country, and State legislatures have been interested through presentation to them of bills of like tenor.

House Joint Resolution 453, which supplanted 430 and 451, on the limiting of the production of narcotics, was signed by the President on March 2. It requests the President to urge on the Governments of countries in which habit-forming drugs are produced, to limit the production so as to cover only the required medicinal and scientific purposes. The testimony brought forth at the hearings revealed that there are probably more than 1,000,000 drug addicts in the country, opium addicts being mostly among adults, while the heroin addicts are comparatively young, many being under the age of twenty. The President is to report progress to the next Congress. A bill, Senate 4584, introduced in February, prohibits transportation in interstate commerce of the drug heroin. No action was taken. H. R. 14,396, introduced on Feb. 20, makes more stringent the enforcement of narcotic handling control. It was referred to the Committee on Ways and Means, but no action was taken. No action, likewise, was taken on Senate 4362, giving Federal aid to States for narcotic control, nor to H. R. 14,238, reducing the narcotic tax on physicians.

S. 3968 was passed by the Senate in August and reported in the House on Feb. 19, but without further action. It was intended for the prevention of pollution of navigable waters by oil or refuse. House Joint Resolution 457 provides for the appointment of a joint committee to the World's Dairy Congress, authorized last year by Congress. It was introduced in the House Feb. 19 and was favorably reported by the Committee on Agriculture the same day. No action was taken. H. R. 12,052, a bill to define butter and establish a standard for it, passed both House and Senate, the latter on March 4. H. R. 9490 provides that medical service and supplies shall be furnished by the U. S. Public Health Service to vessels of the U. S. Coast and Goedetic Survey. It passed the House but not the Senate.

The third deficiency bill, H. R. 14,408, was signed by the President on March 3. Its items are: Employees' Compensation Commission, $475,000; Veterans' Bureau, $13,235,000; Board of Children's Guardians of the District of Columbia, $4500; Feebleminded children of the District of Columbia, $2000; St. Elizabeth's Hospital, $150,000; U. S. Public Health Service, $174,000; American Red Cross for nurses' equipment in the war, $848,067; Pension Office, examining surgeons, $177,015, and insane in Alaska, $15.000.

Three compensation bills were considered and passed by Congress during its last session, the first, H. R. 14,401, which provides among other matters that a person suffering from neuropsychiatric or tubercular disease, developed within three years after separation from the service, this being an amendment to war risk insurance legislation, shall be entitled to compensation provided medical examination shows a ten per cent disability. Transportation of veterans receiving hospitalization is also provided for. H. R. 10,003 provides for some changes in the law governing payment and handling of insurance and compensation of disabled veterans becoming mentally incompetent. These bills were signed by the President before the adjournment of Congress. The third bill, H. R. 14,222, which passed the House on March 1, amends certain features of the compensation act for Government employees. It describes injury to include disease caused by any employment and broadens the technique of awarding compensation.

There were four bills with reference to hospitals before Congress in its last days. The sale of the Marine Hospital at Detroit, H. R. 13,691, was defeated. The transfer of a part of the hospital reservation at Fort Logan H. Roots in Arkansas to a corporation, H. R. 12,571, was signed by the President on March 2. The enlargement of the Government Leprosarium at Carville, La., proposed in S. 3721, an improvement to cost $650,000, was passed by the House in February, but went no further. H. R. 14,431, introduced by Representative Langley on Feb. 26, calls for an appropriation of $5,000,000 for additional hospital and out-patient facilities for disabled war veterans. It was referred to the Committee on Public Buildings and Grounds.

A radical change is that proposed in Senate Joint Resolution 285, which calls for an amendment to the Federal Constitution giving Congress the right to control child labor. The bill was reported but no further action was taken.

The Maternity Act Constitutional

The constitutionality of the Federal maternity and infant welfare act has been upheld by Chief Justice McCoy of the Supreme Court of the District of Columbia. The case was brought by Harriet A. Frothingham of Massachusetts against the Secretary of the Treasury and others. The answer made by the Secretary was practically, that the suit was in effect one against the Government, to which it is not a party and in which it has not consented to be sued, and further that no facts are alleged which if true would entitle the complainant to the relief claimed. The opinion practically supports the defence. The Commonwealth of Massachusetts has in the U. S. Supreme Court a case claiming the maternity bill to be unconstitutional, and it is probable that the Frothingham case on an appeal will be heard with it. Meanwhile it is of interest to realize that more than forty States of the Union have accepted the provisions of the maternity and child welfare act and are making appropriations to match those of the Government for their individual administrations of the work.

Health Council Does Splendid Work

Too much cannot be said with reference to the work of the National Health Council. It is a federation of national voluntary health organizations the intention of which is to coördinate health effort and prevent overlapping. The federated associations are ten in number, those specializing in social hygiene, cancer, mental hygiene, public health nursing and tuberculosis, the American Public Health Association, American Red Cross, Health Council of the American Medical Association, National Child Health Council and the conference of State and provincial health authorities. The U. S. Public Health Service is a conference member. Dr. Lee K. Frankel of New York city is chairman and Dr. Donald B. Armstrong, whom all will remember in connection with the Framingham tuberculosis demonstration, is executive officer. James A. Tobey, a graduate of the Massachusetts Institute of Technology, is the Washington representative, the council having an office here as well as in New York city, where it is in physical touch, in the same building, with a majority of the federated associations.

The first work of the National Health Council was to assemble the associations in New York, and to establish for them a common service. One receiving and shipping room is used for all the associations with one set of employees, the bookkeeping is done in a central office, supplies are ordered in quantities with the corresponding economies, and it is possible for the combined associations to maintain a meeting hall and a library on a scale that would be out of the question for any one, although really necessary. It is possible to assemble the executives of the majority of national organizations at hardly more than a moment's notice and definitely settle on the spot important questions of policy, which otherwise would drag along through the medium of correspondence or infrequent meetings. The Council is in reality the most important health agency in the country in point of accomplishments.

One of the most difficult matters in health adminstraton has been to keep track of legislation, and this has been recognized by the Council, which issues bi-weekly bulletins of the procedure of Congress. These are made by the Washington office, which also keeps track of State legislation and of decisions in the courts in matters relating to public health. There are published a monthly digest and a weekly library index, both of greatest value to the health officer who wishes to keep in touch with the times. Then in the New York office there is a "house organ," the Common Service News. Thus in publications the Council furnishes most necessary information, otherwise hardly possible save to a Government bureau, and places the facts before its readers without delay. Congress adjourned on March 4 and on the following day the statement on national health legislation was in the mails.

The National Health Council gives an example of what this country needs more than any one factor among voluntary health or charity agencies, the ability to pull together. If such agencies could establish coördinated work, their accomplishments would be largely increased.

Factors in Estimating Populations

The last word for the present in estimating populations is presented by the National Bureau of Economic Research in its March News - Bulletin. There is always a difficult question when the population is concerned, yet for the health officer correct figures are the foundation stone on which he must build. If he is to compare his mortality, infant mortality or morbidity of this year with that of last year he must have reliable figures for his population. These it is practically impossible for an ordinary office to get. The census on which the whole matter is based is for a certain definite date and estimates or guesses are necessary for intervening years. These are made on all kinds of formulas. One way is to assume that the average rate of increase of the five or ten years preceding the census continues uniformly after the census year, while another method of interpolation employs a constantly enlarging increment for years following the census, which in this country is correct in principle and can be applied in places where the statistics of previous years are sufficient to give a proper system of differencing. One good old statistician of Boston figured the population of the city for his reports by the month, a different estimate for each succeeding month, the results of which were revised when the next census gave the basis for different figures.

The country is population-crazy, for in the constant competition all kinds of uses are made of these figures. The biggest city in the county, in the State, in the section of the country, the healthiest, the one making the greatest improvements in its public welfare movements, all put forth their claims, and all these claims are based on estimated population. Some places can multiply the number of school children by five and be satisfied with the result for a total, and school children can always be accurately counted, while others use the voting lists for a basis, or the directory or the telephone lists. Some such estimates were set up in various cities against the United States census at its last taking, for a great many places were dissatisfied with the official figures.

How much in error any very simple method of figuring may be is instanced by the bureau, which states that the United States official method of figuring the population of the country gave in 1920 an estimate about two millions larger than the figures of the census itself showed it to be. The National Bureau of Economic Research is using a simple method to correct difficulties of the kind, namely to take into account various factors to the population of which there is continual supervision statistically. Deaths are pretty strictly cared for in every part of the country, while births are pretty well tabulated in most sections of the country. Immigrants are counted with reasonable accuracy and emigrants likewise come under official supervision. If to a known population of one year is added the excess of births over deaths in the country and then the excess of immigrants over emigrants, the population for the second year will be pretty accurately determined. The weak point is in the States that fail to register their births, but it is possible to estimate fairly well for them. In passing it should be said that there should be no State in the Union so backward as to be neglectful of the registration of its births.

Taking the United States census figure for Jan. 1, 1920 for the starting point, the bureau presents pretty accurate figures for the population of the country at six months' intervals. The first figure is from the census, the next two are final, while the last four are still subject to some corrections.

Population of the United States:

Date	Population
Jan. 1, 1920	105,710,620
July 1, 1920	106,381,000
Jan. 1, 1921	106,821,000
July 1, 1921	107,785,000
Jan. 1, 1922	108,533,000
July 1, 1922	109,184,000
Jan. 1, 1923	110,100,000

It is reasonable to believe that although the final corrections on the figures for 1923 are not yet possible the population of the country had passed 110,000,000 on Jan. 1, 1923.

Health Shows at Boston Dispensary

Any one who happened into Boston Dispensary on Saturday forenoon last and saw its "three-ringed circus" of health educational work could not fail to be impressed with two things, the importance which health education of the children has assumed in these days, and second, the interest which children manifest in the methods taken to give them health information. It was children's day at the dispensary and the big General Clinic and the smaller ones and the passageways were filled with little ones, testifying to the importance of the work of this century and a quarter old Boston institution.

Children love pictures, and so the dispensary has installed an automatic lantern-slide projector. This is devoted to the work of the institution and the pictures are interspersed with health legends. Crowds of children gathered throughout the morning before the truncated pyramid that encloses the pictures. The second show was of an outside agency, the Boston Tuberculosis Association, which is developing its plan of presenting health lessons to those who are waiting their turn in the clinics of the city. It has purchased a lantern and has a collection of slides, while volunteer operators under the direction of Mrs. W. J. Dale tend the lantern during its days of exhibition. The slides of Saturday were largely on the importance of fresh air, pictures of well ventilated rooms and open-air schools alternating with instructive legends and beautifully colored bits of Western scenery. Some patriotic motifs were also introduced.

The third attractive feature was the health railway, the road to Wellville. A little car running about on a toy railway has for its stations places like Bathtown, Earlyrise, Freshair, Fruitland or Milktown, each of which has an environment or an equipment befitting its name. As the little train stops at the different stations the attendant, in terms to be understood by children, impresses some essential health fact on her little hearers. That they were interested was most evident, for they remained before the miniature landscape until their names were called for examination, and even then on the way to the desk could not fail to stop a moment before the pretty stereopticon pictures of the Boston association.

Familiarity is said to breed contempt, but Boston must permit no such excuse to hamper its interest in its own dispensary, which has been ministering to Boston citizens since 1796, and is up to the moment in methods of health education.

LOUISVILLE KY POST
MARCH 24, 1923

Negro Health Center to Be Established

A Negro Health Center, fashioned after the same general plan of that being arranged at the Ninth Street Settlement House by the Women's City Club, will be established in a negro district of Louisville, according to plans approved yesterday by the executive committee of the Women's City Club.

This will be known as Health Center No. 2, and the details will be the work of the organization. Dr. O. O. Miller, superintendent of Waverly Hills, will send a physician on certain days of the week. Plans for other industrial centers to be established also were considered by the board. A committee composed of 35 members of the club will visit families to interest them in these activities.

Mrs. Edwin D. Wood, chairman of the Education Committee, announced an open meeting of that committee for April 16.

BRADFORD, PA. ERA
MARCH 3, 1923

NEGRO HEALTH

In discussing racial susceptibility to disease it has long been maintained that the negro in the United States was racially unsuited to this climate and to the American mode of living. It was believed that he was by nature the easy victim of many diseases which white persons resist. Recent statistics indicate that this is not the case.

Maryland and North Carolina have state health records for negroes which go back ten years. Their figures show that the negro death rate has decreased in that time 7.8 per cent and 32.8 per cent respectively. Kentucky and Virginia have records for five years, and they show a decrease of 11.8 per cent and 11.1 per cent respectively. Other southern states have no such records as yet, but no doubt there has been like progress, or would have been, with similar efforts toward improving negro living and health conditions.

April 1 to 7 will be National Negro Health Week, a period during which organizations and individuals interested in this work will conduct a program for the advancement of negro health. Special features of the week's program will be a study of community hygiene, social hygiene and venereal disease control, the spread of disease and its prevention by screening and fly-swatting and cleanliness, a discussion of tuberculosis with special emphasis on the fact that it is preventable and not hereditary, presentation of clean-up measures, the telling of health stories for children, and practical sanitation in colored homes, churches and other places of assembly.

Present indications are that negro liability to disease and short life have been due less to climate than to proverty, ignorance of hygiene and poor living conditions. It is to the benefit of the whole nation to educate the negro in health matters and to improve his living conditions.

Health—1923

Georgia.

BIRTH RATE IN MACON IS FAR ABOVE DEATHS

One Hundred and Thirteen Births Recorded In December While Only 84 Passed Away.

The birth rate in the city of Macon was far in excess of the death rate, for the month of December, according to ther ecord of the health department completed yesterday by Dr. C. L. Ridley.

MACON GA TELEGRAPH
JANUARY 13, 1923

There were 113 births during the month of December and eighty-four deaths. On a basis of a total population of 53,000 the birth rate is 2.13 per cent and the death rate 1.6 per cent.

Of the 113 births reported during the week thirty-eight were white males, thirty-five white females, total, 73; fifteen negro males and twenty-five negro females.

Of the eighty-four deaths, seventeen were white males, nineteen white females, twenty-six negro males and twenty-two negro females.

Principal causes of death were: Pneumonia, 14; tuberculosis, 9; apoplexy, 6; Brights disease, 6; premature births, 5; shocks, 6; disease of the heart, 6; dengue fever, 2; pellagra, 2; diabetes, 2; alcoholism, 2; hemorrhages, 2; acute indigestion, 2; still births, 3; cancer, 3; homicides, 2, and one each from influenza, auto-intoxication, diseases of the nervous system, acute bronchitis, chronic bronchitis, bronco-pneumonia, pulmonary congestion, disease of the pharynx, disease of the liver, peritonitis, acute nephritis, sensility, poison, accidents, organic diseases.

Twenty of the total deaths were of persons between 50 and 60 years of age, thirteen of persons between 20 and 30, eleven were of babies under one month old, and the rest were scattering.

CALL FOR CLEANLINESS.

Mayor Sims has issued an appeal to all citizens of Atlanta to join in the national "clean-up, paint-up" campaign, which will be conducted here from March 15 to April 10.

Looking to a definite program a meeting of department heads, civic organization officials, women's clubs officials, and citizens generally, has been called for 3 o'clock Thursday afternoon in the city council chamber.

Atlanta Constitution

This is a matter that keen interest should be taken in, not alone from the vital reasons of health, sanitation, hygiene, etc., but for the equally as vital a reason that a great, progressive city, as is Atlanta, must reflect that greatness and progressiveness in the fineness of the city, in the character of its homes and buildings, and the way they are kept, in the upkeep of lawns, and in the cleanliness of the streets and alleys; otherwise the visitors to the city—and there are thousands daily—will get such an unfavorable impression from the physical looks of things that this impression will react in business.

Last week during the period of the campaign nearly $150,000 was spent in clean-up and paint-up materials, and in labor. These individual investments not only paid the respective investors through increased property valuations, but they paid a big dividend to the city as a whole. 3-1-23

During that week over 200,000 old cans were collected; over 6,000 loads of trash were carted out; and nearly 60,000 flowers and shrubs and trees were planted.

Just like "safety week," the principle involved should be uppermost in our minds all the time—every week should be safety week; and so every week should be "clean-up week." And yet it takes campaigns of this nature to sometimes impress and drive a duty into virile action.

Atlanta to Make 'Clean Up' Plans At Meeting Today

Atlanta Constitution
3-1-23

Committees Will Be Named and Plans for Campaign Outlined.

Atlanta's "Clan Up and Paint Up Campaign" will be discussed at a mass meeting to be held in the city hall council chamber at 3 o'clock this afternoon at which time the first big gun of the campaign forces will be turned loose for a cleaner Atlanta. All local civic organizations will be well represented and chairmen of committees will be elected.

Efforts will be made to double the results of last year's work, which resulted in citizens spending $140,000 during the campaign, and Chairman Benjamin D. Watkins is enthusiastic over the prospects.

The committees to be organized will be finance, publicity, suggestion, stunt, program, retail stores, automobiles, street, fire, sanitary, new building construction, speakers' bureau, vacant lots, grocery stores and markets, questionairre, forestry, street signs, churches, motion pictures, alleys and backways, reporting places of filth, health laws, planting trees, shrubs and flowers, employment, factories, field workers, office buildings, drug stores, animals, institutions, hotels and restaurants, and a number of others.

Mayor Sims has asked the heads of all city departments to be present and to co-operate to their fullest extent in the work.

Effort to raise the necessary funds for carrying out the program is being made and all merchants and citizens who desire to contribute should make their checks payable to the "Atlanta Clean Up and Paint Up Campaign."

The money will be spent for advertising space, banners, letters, circulars and in other ways to push the movement.

The Metropolitan Life Insurance company will have 65 solicitors call on 25,000 homes and deliver folders and circulars on the necessity of cleanliness.

The following business firms have contributed:

Queen Mantel and Tile company, $7.50; Gate City Manufacturing company, $10; Atlanta Hardware company, $5; Cook Hardware company, $3; National Window Cleaning company, $5; Cottongim's Seed Store, $1; H. E. Maughon, 25 cents. The Retail Merchants' association Thursday will consider the matter of contributing toward the campaign.

The campaign starts March 15.

ATLANTA'S NEGRO HEALTH week has come to be an annual affair, and the activities during the first seven days of April of this year will be designed to arouse still greater public interest in the problems of hygiene which, although directly relating to the colored race, are bound up with the welfare of the whole community. In such a city as Atlanta—and, for that matter, in Baltimore—the health of the negro population is adversely affected by conditions of living which are tolerated only because they are customary. To let sunlight into darkened homes, to drain and widen disease-breeding streets and alleys—these are changes which the community must bring about while the negroes themselves are learning the rules of hygiene which are designed to check tuberculosis and the other respiratory diseases. Progress is not easy. Both money and effective personal work are needed; and it is encouraging to remember that contributions of both of these necessities are being made in Baltimore as well as in Atlanta and the South by individuals who deserve still further support in their communities.

The Sun
Baltimore, Md.

PLAN CLEAN-UP DRIVE FOR ATLANTA NEGROES

The Constitution

Plans for a clean-up campaign among the colored residents of Atlanta were completed at a meeting held Monday afternoon. The campaign will open April 1, and will run for one week.

Atlanta Ga.

The following committees and chairmen were named:

General chairman, J. A. Robinson; publicity, Charles A. Shaw; stunts, L. L. Foster; suggestions, wife of A. M. Wilkins; flowers, trees and shrubs, wife of J. T. Hill; speakers, W. J. Faulkner; churches, W. J. Trent; vacant lots, Cornelius King motion pictures, S. L. Lockett; streets, sidewalks and alleys, J. A. Robinson; health laws, J. W. Burney; public schools, wife of A. D. Jones; public buildings, J. O. Thomas; neighborhood unions, wife of oJhn Hope; retail stores, S S. Abrams; private schools, wife of W. K. Harreld; prizes, A. D. Smith; institutions, wife of H. R. Chivers, and field works, Katie Kelley.

INTEREST IS SHOWN IN HEALTH MEETING

The Constitution

Savannah, Ga., October 6.—(Special)—State-wide interest has been aroused and has expressed itself in the conference here on public health promotion in Georgia, which will be held October 26. The meeting is sponsored by the health committee of the city of Savannah and backed by the Savannah Board of Trade and other civic bodies.

Atlanta Ga.

Dr. J. W. Daniel said of the forthcoming meeting: 10-7-'23

"Probably no other state conference has been called in many years which was of such vital importance as the one to be held this month on matters pertaining to the advancement of public health in Georgia. Medical leaders throughout the state in conferring with business and agricultural interests have determined that the failure of county and health authorities to stop the spread or check the prevalence of preventable disease is resulting in enormous economic and death losses which have to considerable degree paralyzed agricultural and industrial progress, particularly in the eastern and southern portions of the commonwealth.

"The state board of health has been receiving a maximum of $90,000 per annum for the fight against preventable diseases, such as malaria, dengue fever, tuberculosis, hookworm. This sum, the medical men declare, is a mere drop in the bucket for accomplishing what must be done if Georgia is ever to take her rightful place among her sister states of the south in health matters."

Atlanta Georgia Journal
JUL 17 1923

HEALTH EDUCATION FOR NEGRO URGENT, MAYOR SIMS SAYS

"Georgia's low rating in educational and health lines is largely due to the great number of ignorant negroes in our state," Mayor Walter A. Sims told the Municipal League of Georgia in an address of welcome at the annual meeting of that body at the Hotel Ansley Tuesday.

"It behooves the citizens of this state," said Mayor Sims, "to do something definite to educate the negro in health protection and sanitation. They are our citizens as well as the white people and affect our per capita rating in health and educational lines exactly as much as our white citizens. We must do something at once or Georgia's rating will go even lower."

The response to Mayor Sims' address was made by Gordon Saussy, of Savannah, president of the league, after which J. P. Jones, of Rome, secretary and treasurer of the association, made his report. Mr. Jones appointed committees on resolutions and nominations instructing them to report at the session Tuesday afternoon.

Dr. T. F. Abercrombie, commissioner of health for Georgia, discussed work in the state along lines of sanitation, with special regard to the state anti-tuberculosis campaign and seconded Mayor Sims' plea regarding sanitary work among the negroes.

Others who spoke Tuesday morning were J. P. Faulkner, director of the state tuberculosis association; B. M. Hall, an Atlanta engineer, who discussed the water power situation, and Attorney Marion Jackson, of Atlanta, who made his annual report.

W. A. Covington, of Moultrie, was to deliver the principal address at the afternoon session, discussing the subject "Georgia's Resources and Their Development."

An open round table discussion on various topics relating to home rule for municipalities, the development of water power in Georgia, reforestation of certain sections and the health conditions and man power of the state, also was to feature the afternoon session. It was expected that several resolutions bearing on these questions would be offered.

At 6:30 o'clock the members of the general assembly will be the guests of the league at a dinner on the Ansley roof garden, after which the convention will adjourn.

Some Information Atlanta White Folks Ought to Have

The Atlanta Independent 8-23-23

Charity begins at home. Cleanliness is next to Godliness. The health of all the people is best protected when the health of all the people is best safeguarded by sanitary living conditions—not a part of the people, but all the people. The health of a city is the wealth of that city. A community that undertakes to preserve the health of one part of its people and neglect the health of the other part of its people undermines and impairs the health of all of its people. Preservation of health is a public responsibility, a liability that the government cannot escape on the ground of race or color. Therefore, the wealth of Atlanta is largely dependent upon the good health of all her people for growth and expansion, not of her white people of black people, but of all the white and black people. Good health is not only wealth, but condusive to happiness. Good health increases the wealth of the city in manpower and population, not the health of the white people but the health of the black people, too. Disease among black people is just as much a menace to the public health as disease aming white people, and the white man to save his own manpower, must safeguard the black man's health against disease, too. If not out of love for humanity and the fear of God, then for the selfish reason of self-preservation.

But the salient points we wish to call the Atlanta white man's attention to, and possibly he does not know about, because of the atmosphere of race prejudice which has dwarfed his mental and moral development for three hundred years, if they are not in possession of the following facts, are: Atlanta, Ga.

1. That garbage cans filled with filth and refuse are permitted to remain in the backyards of black people for from two to four weeks without being emptied, and sanitary wagons passing daily, and that the odor rising from these cans of refuse is calculated to scatter germs of contagion in every part of the city.

2. That when the attention of the Health Department is called to these nauseating conditions the party reporting is too often insulted and further neglected as a punishment for attempting to "give a white man orders."

3. That the black people have not one decent park or recreation spot in the city, where they may breathe one breath of pure air or enjoy a bath of sunshine, and that every playground for black children is inadequate and without the necessary equipment to bring them up to the standard of healthful development.

4. That Washington park, for black people, is a disgrace to the city, and the only equipment it has is a dance hall, where the rabble can revel in all sorts of vulgar dances; and a little cement pond used as a bathing pool for both male and female. The grounds are unimproved, half lighted, unseated, and appears to be conducive of immorality, and unhealthy for physical recreation and amusement.

5. That Negro settlements in the city are poorly lighted; streets never cleaned; poor water and sewerage connections; streets clogged, as a rule, with garbage and refuse; poor police protection, and in many cases the houses in which Negroes live, and for which they pay rent, are unfit for sanitary horse stables and cowstalls.

6. The zoning and building laws are being violated every day by rent hogs who cover the entire lots upon which they erect houses for the poor class of Negro tenants. Many houses so completely cover the lots that there is not enough ground left to walk around the house to store coal or wash clothes. In many instances, the women who are compelled to wash for their living have to make laundries out of their bed and living rooms.

These are some of the conditions that we believe ought to be looked into and corrected, in the interest of public health. Landlords should be compelled to furnish suitable quarters for which they collect rent, and the sanitary department should be forced to clean up the city—not the settlements in which the white folks live, but all settlements in the city. The public health is menaced by unsanitary and unlivable conditions in any community, it matters not whether it is peopled by white or black people, and the city should make the necessary corrections in the interest of public health.

(Signed)

BENJAMIN JEFFERSON DAVIS, Editor.

AUGUSTA GA CHRONICLE
JUNE 20, 1923

Why Southern Negroes Quickly Die off in the North and West.

An explanation of why it is that so many negro emigrants to the West and North from the South drop off in death, may be found in a copy of the Evanston, Ind., News-Index, a copy of which paper has been forwarded to The Chronicle by "an old Augustan" who is now living in Evanston, where two hundred and fifty negroes have gone from the South during the last few weeks.

The News-Index says that investigation revealed that in some places there are as many as twelve families living in a ten-room house. At another place a man and wife with seventeen children occupy a five-room shack infested with rats and other vermin; there are no windows in the place, and the basement has two feet of water standing practically all the time. Toilets were found built within twenty feet of wells supplying drinking water for three families. At one place three men and two women occupy a two-room house containing only one window, and no toilet. Three colored families were reported living in a three-room barn, and many houses which have been under condemnation for several years were reportd as being occupied.

"Many houses in which the people are living," said Health Commissioner, C. T. Roome, "are being permitted to depreciate into a condition of insanitation which is dangerous to the health of not only the tenants, but other residents of the immediate vicinity.

"I am told that in many of the southern cities bulletins and sign boards are flashing reports of the need of negro labor in and around Evanston, and commending the living conditions here. The situation is becoming serious, as no effort is being made to care for the increasing population which now exceeds 5000 colored people. The insanitary conditions under which they live are making serious strains on the associatel charities, which report that 42 per cent of the families being cared for by them are colored. Obviously the situation is going to become worse unless some action is taken to aid the health department in its sanitation work."

It is under conditions like those that these negroes are dying. New England is sounding a like alarm. The negro values life. He imperils his life in this migration mistake.

Health — 1923.

General.

More Negro Physicians Are Needed to Care for Health Of Race, Says New York Sun

Leading Physicians of Harlem Agree With Big Daily, and Suggests That Way Be Opened for Admittance of Race to Medical Institutions for Training.

RACE PREJUDICE A POTENT FACTOR IN EFFORT TO SUPPLY RACE WITH MORE PHYSICIANS

Spirit of Southern White Physician Is Felt Everywhere In U. S.—Their Only Interest in Colored Patients Is a Mercenary One.

In a recent issue the New York "Sun" declared editorially that "the excessive mortality which persists among the Negro population . . . constitutes a grave menace to the public health" and that "it is doubtful whether healthful conditions among the Negroes will ever be attained until a larger number of the race are educated as physicians."

This plain spoken expression of opinion has aroused Negro physicians to giving expression to their thought on this phase of the health situation and it appears to be the concensus of opinion among them that so far as the need for more colored physicians is concerned the *Sun* is right. At the same time it appears that there is a strong opinion to the effect that the *Sun* and other strong metropolitan papers can do much to make possible greater opportunity for the equipping of Negro physicians.

Dr. Leo Fitz Nearon says that in endorsing a suggestion made by the *Journal of the American Medical Association*, the *Sun* points a way to the solution of the difficulty. He suggests that such a powerful daily as the *Sun* would be a tremendous factor in raising funds for the maintaining and enlarging of medical schools devoted to the education of Negro physicians, and that there should be five hundred race doctors annually instead of about fifty, as at present.

Dr. E. P. Roberts, one of the oldest in point of years of practice, of the race physicians in New York City, declares that he concurs with all that the *Sun* said, but adds that there is much more that might be said. "Laws should be formulated and enforced to protect employer and employe alike," writes Dr. Roberts. "Cooks, maids, laundresses, Pullman porters and waiters contract diseases from, as well as communicate diseases to, those whom they serve. Many white medical colleges will not admit colored men principally because colored men, in order to fully prepare themselves for the practice of medicine, must of necessity in white colleges examine white female patients. Race prejudice, the old bugbear, is therefore a potent factor to be taken into account in our effort to supply our race with a larger number of physicians."

Dr. Roberts makes the charge that the spirit of the southern white physician is seen and felt everywhere colored people live in the United States. He declares their only interest in colored patients is mercenary. Continuing, he writes: "Under careless and inefficient white physicians who cannot easily get a white practice, or who use a Negro practice as a stepping stone to wealth, or who have learned the psychological effect of the white skin upon a large mass of gullible Negroes, the death rate will continue to be excessive."

Dr. Fitz Nearon's Letter

Dr. Leo Fitz Nearon wrote The Ag as follows:

"An article appeared in the *Sun*, May 18, in re Health Among Negroes in the United States, with emphasis on the health conditions among the Negroes in the South. Permit me to state that the article, if meant to be friendly, is very timely, in that the *Sun* points the way to a solution of the difficulty.

"The Journal of the A. M. A. pleads for the training of more Negro physicians. The Sun sees the need and endorses the same. While the tubercular condition among our people is greatly exaggerated there nevertheless should be an active war against this disease. The *Sun* admits what we claim, that the Negro physician is better fitted to treat the people of his own race.

"Howard University is pleading for funds to maintain ann enlarge upon its Medical School, to the end that more colored young men many be educated along medical lines. Would it not be a good idea for a powerful daily like the *Sun* to conduct a campaign to raise funds for this cause. Five hundred medical graduates should be our yearly quota instead of fifty.

"The *Sun* would crown itself with everlasting glory if it would use its power and influence to open the doors of the hospitals of this city to the colored doctors now in the field, for training of the specialist. The result would tend to overcome this menace along with many others. Much good would be rendered to both races and no harm. In conclusion, let me urge that a greater effort be made on the part of both races to train more Negro physicians in the interest of the colored people, as well as that of the entire country.

"LEO FITZ NEARON.
"Capt., M. C., 369th Inf., N.Y.N.G.
"May 19, 1923."

Dr. Roberts' Letter

In expressing his opinion, Dr. E. P Roberts wrote as follows:

The New York *Sun* published, last week, an editorial on "Health Among the Negroes." This editorial called attention of the public to the fact that the excessive mortality of the Negro from tuberculosis and other diseases constitutes a grave menace to the public health; that medical colleges are not turning out enough colored physicians; that colored physicians are in many respects best suited to safeguard the health of the Negro; that southern white physicians do not want the patronage of the colored people because they are not able to pay for it; that the responsibility for the health of the Negro is one in which the whole nation should share.

Please permit me to state that I heartily concur with all that the editor of the *Sun* has said. There is, however, much more that might be said upon this subject. Laws should be formulated and enforced to protect employer and employe alike. Cooks, maids, laundresses, Pullman porters and waiters contract diseases from as well as communicate diseases to those whom they serve.

Many white medical colleges will not admit colored men principally because colored men, in order to fully prepare themselves for the practice of medicine, must of necessity in white colleges examine white female patients. Race prejudice, the old bugbear, is therefore a potent factor to be taken into account in our effort to supply our race with a larger number of colored physicians.

If the Negro physician is in the main best suited to minister to the needs of his own race and the only doctor all other races with whom he comes in contact, most assuredly he should be admitted to all of the medical colleges. The spirit of the southern white physician is not limited to the South. It is to be seen and felt in country districts, towns and cities—everywhere colored people live in the United States.

For instance, there is not a white physician of unusual prominence in medical circles, living in our immediate neighborhood and practicing among the Negroes of Harlem, whose interest in the health of the Ntgro is anything but mercenary. They are not inspired in their work among Negroes by a true physician's only mission—to cure, to heal to assuage pain, to make the people of this world better and happier. Practically all of the white physicians among us prostitute their titles by commercializing their profession. They carry, in many instances, their one and only recommendation in the color of their skin. To the ignorant Negro, "He is white" means "He is 'good'"; and "He is colored" means that he is "no good."

Under careless and inefficient white physicians who cannot easily get a white practice, or who use a Negro practice as a stepping stone to wealth, or who have learned the psychological effect of the white skin upon a large mass of gullible Negroes, the death rate will continue to be excessive.

No Negro physician will tell the members of his race to stay away from a first class white physician. He desires to compete with first class white doctors. The colored doctors know your hopes, desires and longings—your past and present history—better than any white physician possibly could, be he less than a Lincoln or a John Brown.

The masses of Negroes are woefully ignorant of the laws of healthy living. A health campaign should be inaugurated in every colored church, Sunday-school and lyceum, in every secret, fraternal and welfare organization in the United States. The campaign should be carried on for three hundred and sixty-five days in a year. The Negro physicians should forget the dignity of their profession long enough to make the effort at prolonging the lives of the members of our race. They should tell Negroes to cease patronizing shyster physicians and rate drug stores.

Until this is done, we must accept, in shame, such statements as were published in the *Sun*. Until this is done again and again our economic position in this country will never be secure, and our death rate will remain too high.

E. P. ROBERTS.

May 21, 1923.

Dr. A. B. Jackson, Director of School of Public Health, Objects to Statements Issued by Government Office fice Concerning Vital Statistics of Negro Migrants to North

The Amsterdam News.

5-16-23.

WASHINGTON, D. C., May 14.—A. B. Jackson, former Surgeon-in-Chief of the Mercy Hospital of Philadelphia, now Director of the School of Public Health of Howard University has taken exception to the recent statements issued by the U. S. Census Bureau regarding the probable effect upon the Negro in America as result of his continued migration from the South to northern sections of the United States. In connection with this whole matter Dr. Jackson has the following to say:

"It may and it may not be the duty of the census bureau to regulate interstate migration, but I very seriously question its right and duty to draw definite conclusions from half truths, appearing thereby to assume a somewhat veiled spirit of propaganda. Just at the present moment much national concern is being manifested regarding an alleged labor shortage in the United States and its relation to foreign immigration and interstate migration of the Negro. And now the health question of the Negro is injected into the issue."

New York.

"The census bureau gives out the following statement—evidently intended to discourage Negro migration to the North. In every one of the northern states Negro deaths in the five years, 1915-1919, outnumbered births; in the southern states, in general, the conditions are reversed." As I write this I have before me a table showing the ratio between deaths and births for colored people, and I take from it four northern states and four southern states and find the above statement is not altogether true. In three northern states there is an excess of birth rate over death rate and one shows excess death rate. In the four southern states exactly the same situation is found.

"The sickness and death rate of the Negro is too high, higher than it should be for the good of both the Negro and America, yet both are to blame for the condition. However, let all be said that may be, every year shows a steady decline in the Negro death rate: for example let us take Washington, D. C., a border line city between north and south. The death rate of Washington from 1900 to 1920 decreased from 29.5 to 20.6 per 1,000, all causes considered including the recent influenza epidemic. Taking a large group of northern and southern cities for comparison, it is interesting to note that in every instance the urban death rate for Negroes is always lower in the north than in the south.

"While we recognize and admit that the whole Negro death rate, especially his infant mortality is too high, there are many extenuating circumstances which enter as casual factors—and we are exerting every possible energy to overcome them—we must confess we have no fears that the race is theratened with extinction. If the south loses its Negro laborers that is the south's business. A talk with any migrant will convince you that each had a very definite reason for leaving the south, and strange to say all of them cite the same causes, another instance in which Negro opinion is a unit. Migration is a blow struck at the very heart of the south, more potent than any other the Negro could wield, and this signifies the development of a new race consciousness, a race intelligence and their accompanying majesty of calmness and poise, which builds hope upon subtle retreat rather than upon riot and bloodshed."

"Every day finds Negroes coming north, and they will continue to come until the south finds some way to make a more equitable adjustment of its social and economic fabric to the ordinary rules of the games of humanity and human tolerance. They come bringing with them their problems, increasing our many vexing problems in the north, but they also come bearing gifts, and what is the weight of a perplexing problem compared to the realization of a soul set free? They come, they sicken, they die, but what does that matter? A race as well as an army in transit must leave death in its wake, for in every struggle for liberty throughout the world's history human flesh and blood have paid the toll to obtain that freedom which makes death a pleasure—a privilege.

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DR. A. B. JACKSON,
Howard University.

NEW CONFIRMATION of the growing returns on the interest of health workers and of the Negroes themselves in the special health problems of that race comes in the recent announcement by the Metropolitan Life Insurance Company that the life expectancy of their colored policyholders in 1922 was five years greater than that of a decade earlier. "While Negro mortality is still in excess of that among white persons," the company declares, "the gap between the rates for the two races is being closed. . . . This is being accomplished by the organized public health movement, and by the Negroes themselves through their press and other facilities for dissemination of instruction in hygiene. The most powerful factor of all, however, is the rise in the level of well-being for the Negro, brought about by better economic conditions."

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Health—1923. General.

NEGRO TBC. DEATH RATE DECREASING SAYS REPORT.

New York, Nov. 30—The tuberculosis death rate among Negroes in the United States is rapidly declining, according to figures supplied to the National Association for the Advancement of Colored People, 69 Fifth Avenue, by the National Tuberculosis among Colored people, throughout the United States was 449.5 per 100,000 population. In 1917, the last year for which the census figures are available, the rate had declined to 355.6. Figures compiled by the Metropolitan Life Insurance Company indicate a similar decline.

The reasons for this decline are found by the National Tuberculosis Association is to lie in the rapid development of organized health work among Colored people throughout the United States. Where, ten years ago, there was little of this activity, today most of Southern States have sanatoria, nurses, clinics or other facilities for Colored patients. Delaware, Maryland, Virginia, North Carolina ,South Carolina and Georgia have state sanatoria for tuberculosis. Training of Colored public health nurses, as at the Henry Phipps Institute, of Philadelphia, has contributed to the prevention of the disease.

It is further pointed out by the Tuberculosis Association, that spread of better standards of living among Colored People, 69 Fifth Avenue, today about through better education, better training, better wages and housing has influenced the declining death rate. Cooperation between white and Colored organizations, particularly in the Southern States, is expected to become a powerful influence in reducing the mortality from tuberculosis among Negroes, whose death rate in many parts of the country is still two and three times that of the whites.

NATION'S MORTALITY IS 11.8 PER 1,000

Census Bureau Reports a Slight Increase in 1922 Over 1921, but a Drop Since 1920.

IDAHO RATE LOWEST, AT 8.1

Maine and Vermont Highest, at 14.7 —Memphis Highest Among Cities at 17.8, Akron Least at 7.5.

WASHINGTON, Dec. 9.—There were 11.8 deaths last year for every 1,000 population in the registration area of the United States, which comprises 85 per cent. of the total population, the Census Bureau announced today. That was a slight increase over the 1921 rate, which was 11.6 per 1,000, but not so high as the 1920 rate of 13.1.

Maine and Vermont had the highest rates with 14.7 per 1,000 each, while New Hampshire's rate was 14.6. Idaho had the smallest rate with 8.1 and Montana next with 8.6. The largest increases were shown in Oregon and Colorado with 1.1 per 1,000 more than in 1921, while California had 0.9 more than that year. Decrease in the rates was shown in five States, Michigan and Mississippi with 0.3 fewer deaths per 1,000, Wisconsin with 0.2 and Pennsylvania and Virginia with 0.1 each. No change in the rate was shown in Ohio, Utah, Indiana and Maryland.

Memphis had the highest rate in the sixty-seven registration cities of 100,000 or more population, with 17.8 deaths per 1,000 population. New Orleans was next with 16.7 and Nashville third with 16.6. Denver and Fall River followed with 16.0 each.

Akron had the lowest rate with 7.5, while Seattle was second lowest with 9.6 and Fort Worth and Milwaukee were next with 9.9 each.

The largest increase in the rate was in Trenton with 2.5 more than in 1921. Denver was next with 1.7. No change was shown in the rate for Akron, Dayton, Jersey City, Paterson and Salt Lake City. There was a decrease in the rate in eight cities as follows: Birmingham, 0.9; Norfolk, 0.8; Youngstown, 0.4; San Antonio, Cleveland and Rochester, 0.2 each; Minneapolis and Omaha, 0.1 each.

The death rate per 1,000 by States was:

California, 14.1; Colorado, 13.5; Connecticut, 12.0; Delaware, 13.2; Florida, 12.2, (white 10.9, colored 15.0); Georgia, 10.4, (white 9.2, colored, 12.2); Idaho, 8.1; Illinois, 11.3; Indiana, 11.9; Kansas, 10.6; Kentucky, 10.8, (white 10.0, colored 18.4); Louisiana, 11.3, (white 9.4, colored 14.9); Maine, 14.7; Maryland, 13.6, (white 12.4, colored 19.4); Massachusetts, 12.8; Michigan, 11.3; Minnesota, 9.5; Mississippi, 10.8, (white, 9.7, colored 12.8); Missouri, 12.2; Montana, 86.; Nebraska, 9.4; New Hampshire, 14.6; New Jersey, 12.2; New York, 13.0; North Carolina, 11.6, (white 10.3,

Health—1923. General.

LOW WAGES MEAN HIGH DEATH RATE, SAYS U. S. REPORT

Mortality Twice as Great as Normal When Mothers Must Work; Figures Strikingly Significant to Race Group.

Norfolk Journal and Guide
3/24/23.

COLORED MOTHERS FORM A LARGE PART OF WORKERS

(Crusader Service)

Washington,—Additional evidence that the employment of mothers away from their homes, particularly during confinement, or during the infant's first year of life, is detrimental to the infant's health, is adduced by the Children's Bureau of the Department of Labor in a report about to be made public.

The material has been gathered as the result of a year's study of the conditions surrounding maternity, in an industrial community of over a half million people.

The report will state in part:

"The employment of mothers during pregnancy was found to be associated with a markedly high still-birth rate, a high rate of premature births, a mortality rate during the first month of life, and a high mortality from causes peculiar to early infancy —causes which are directly related to the health of the mother before birth."

Startling figures are given regarding the per centages of stillbirths, premature births and infant mortality, as between women engaged in industrial pursuits and those not so employed.

The mortality rate during the first month of life, it was shown, was 77.3 per 1,000 among the babies of mothers employed from home, or nearly twice the rate, 39.9, among the babies of mothers who were not so employed.

The report continues:

"The employment of the mother too soon after confinement also appears to be a factor in the infant mortality rate. The mortality rate among the babies included in this study whose mothers were employed away from home during the babies' first year of life was found to be one and one-half times the rate among babies of mothers not so employed."

Besides emphasizing that children of employed mothers must be artificially fed and are thus deprived of a very valuable factor in infant development, the report goes on to indict the entire industrial system by stating:

"That the low earnings of the father bear the principal responsibility for the employment of the mother is shown by the marked contrast between the several income groups in respect to the proportion of mothers employed. Of the mothers in families in which the fathers earned less than $450, 29.2 per cent were gainfully employed away from home during pregnancy, while only 1.2 per cent of the mothers in families in which the father's earnings were $1,250 or over were so employed at that period.

"The contrast is equally striking in the case of employment following the birth. Of the mothers in homes in which the father's earnings were less than $450, 22.1 per cent were gainfully employed away from home during the infant's first year of life, as compared with only 6 per cent of the mothers in homes in which the father's earnings were $1,250 or over. The greater prevalence of mothers' employment in the low income groups is evidently a factor in the high infant mortality rate which characterizes families with low incomes."

Previous reports of the Childrens' Bureau on infant mortality have shown a definite connection between income and infant mortality. As the income increases the infant death rate decreases. This study, which is of the city of Baltimore, is based on a larger group than the previous studies and permits a closer analysis of the single factor of employments of mothers.

Health—1923

WIDESPREAD MALNUTRITION

Health Council Finds It Even Among Children of the Well-to-Do.

At least 20 per cent. and, according to some estimates 33 per cent., of the school children of the country are suffering from malnutrition, as general physical underdevelopment is commonly designated, says the Advisory Committee on Foods and Nutrition of the National Child Health Council in a report that will soon be published by the United States Public Health Service, which co-operated in its preparation.

Malnutrition, continues the report, is not confined to any one class or race; in some cities it is apparently as prevalent in the homes of the well-to-do as in those of persons of more limited means. The condition is evidenced not only by weight and growth records but also by listlessness, lack of color, dullness and sometimes by restlessness and irritability.

It is due chiefly to physical defects, faulty habits or environment. Of physical defects the most common are obstructions (adenoids, for instance), in the nose or throat, which interfere with breathing; and decayed teeth, which breed germs and itnerfere with chewing. When such defects are remedied many children will develop normally.

Faulty food and health habits are also important causes of malnutrition They include too little food, the wrong kind of food, and bad food habits, whether due to ignorance, poverty or lack of home discipline, and also faulty posture in standing, sitting or walking, all of which interfere with the normal functioning of important organs. Such habits can be corrected by proper exercises, which should be carefully controlled, as otherwise they may prove harmful.

Environmental conditions, which interfere with sufficient sleep, lack of fresh air and even constant nagging may cause underdevelopment, and their correction may result in remarkable gains, says the Health Service in discussing malnutrition.

"Cases of malnutrition that do not yield to simple corrective measures may require long medical supervision, and in any event, preventive measures are much better than curative ones," continues the service. "Health education in the schools will go a long way toward preventing malnutrition, not only in the pupils themselves, but will also, if the results are brought energetically to the attention of parents, usually react to the benefit of younger children of preschool age. And the younger the child, the more easily are proper health habits learned and the more valuable they are.

"Health education may also be spread by well qualified speakers, by magazine articles, moving pictures, health plays and exhibits that vividly bring home the results of malnutrition and the often amazing improvement derived from corrective measures.

"In this connection may be instanced the news just received by the United States Public Health Service of the very marked success of a nutrition exhibit sent by it to Brazil as a part of the international centennial exposition now in progress at Rio de Janeiro. This exhibit consists of two tables, at each of which two large dolls, supposed to be 10 years of age, sit at dinner. The meals spread for them look equally appetizing. One of them, however, includes no milk, no green vegetables and no fresh fruits. The dolls at this table are a little better dressed than those at the other table; but their faces, though they still show evidences of former beauty, are colorless and their eyes are dull and are underlined heavily with dark half-moons. The dolls at the other table, on the other hand, are rosy cheeked, bright and laughing.

"The effect both on parents and children was very striking. Day after day the space before the exhibit was crowded by mothers or teachers, pointing to wide-eyed children the difference in the appearance of the 'children,' who drank milk and ate proper food and those who did not. And a very large proportion of the adult visitors came back again and again, bringing other children with them."

INDIANAPOLIS IND STAR
MARCH 2, 1923

A Negro Health Week.

The report of the Federal census of 1920 shows that the negro death rate for the United States is 18.4 per 1,000, as against 12.8 for the whites; that infant mortality is twice as high among negroes as among whites, and the death rate from tuberculosis and typhoid three times as high. The life expectation of negroes is reported as 40 years, against 54 years for whites.

This is a serious condition and has attracted much attention in medical and other humanitarian circles. As a result a movement has been started by the commission on inter-racial co-operation, whose headquarters are in Chicago, to establish remedial action. To this end effort is being made to secure special observance of negro health week—April 1-7—a period which for some years has brought together annually the welfare agencies of both races for the purposes of promoting hygienic knowledge and practices among the colored people.

Naturally education along health lines comes first—how to establish the right conditions in the home, how to secure physical health and how to maintain it. Ignorance of hygienic and sanitary laws has much to do with the matter, of course, and this ignorance is by no means confined to negroes, but perhaps because of a lower resisting power they are likely to be affected by conditions that do not seem to lessen the vigor of certain white races. It is the testimony of welfare workers that many foreign immigrants seem immune to the evils of overcrowded quarters, poor drainage, dirt and bad ventilation, where negroes would droop under them and develop tuberculosis or typhoid.

Too much stress can not be laid on the hygienic importance of cleanliness, pure air, pure water, wholesome food and the right care of the body, and much may be done to promote this education in the concentrated efforts of a week. It is a matter that concerns white citizens as much as the blacks, for a propensity to disease and the conditions that promote it in one element of society must react on every other. The economic loss to the community is great. According to the inter-racial commission, it is estimated that in the South more than 200,000 negroes are seriously ill all the time from preventable causes—neglect, ignorance, insanitary conditions. The direct financial loss entailed runs probably to $100,000,000 a year. Of the 225,000 negro deaths in the South each year, it is estimated that 100,000 might be prevented—another clear loss of at least $100,000,000.

It must be admitted that in cities, at least, the negro is not wholly to blame for the conditions in which he lives, for poverty often compels him to live in quarters unfit for human occupancy, yet for which he is obliged to pay what is for him high rent. Rent profiteers do not overlook negro "shacks" in their transactions. Poverty, too, often forces him to wear insufficient clothing, and any observant person who notes the broken footgear worn in all weathers by many colored men, women and children because they can afford no better, need no further information as to the prevalence of tuberculosis among them.

Negroes in Indianapolis—and its colored population is large—are on the whole an enlightened body of people, and their effort to surround themselves with the most favorable conditions, to own their own homes, to live orderly lives and to emulate to the best of their ability the seemly living of the best people of the community is greatly to their credit. Many of these colored citizens are well qualified to take the lead in making an educational health week among their people worth while.

NEGRO HEALTH WEEK.

The ministers, physicians, teachers, social workers, Y. M. C. A. and Y. W. C. A. deserve credit for the heartmanner in which they have united in observing National Negro Health Week. Welcome assistance has come from the Marion County Tuberculosis Association through Miss Mary Myers and Miss June Gray, and a thorough effort has been made to carry the gospel of good health to every Negro home.

Saturday, April 7, has been designated as "General Clean Up Day" and it is urged that citizens clean up their premises and put them in order by that time. Such a movement is opportune. The city will observe Clean Up Week next week and extra facilities will be provided for disposing of rubbish and ashes.

Campaigns of this sort call our attention to some of the essentials of good living and are useful. Especially should our leaders take the initiative in promoting the Clean Up Campaign. Many white speakers have come to us of late and they seem to be unanimous in their advice that Negroes should raise the standard of their neighborhoods. This seems to be a central bone of contention—and we grant the element of truth in it. Negroes are largely tenants, but they should demand sanitary, livable houses or refuse to rent them. The landlord who finds his property blacklisted on this account will soon paint up and paper and improve the sanitation features. It is gratifying to note the increasing number of Negroes wh own or are buying property, an these should exert every effort to make them places of beauty.

Health and housing are intimately connected, and we doubt not that the maxim is further true that cleanliness and godliness are akin. All cooperation should be given to make this a clean, healthy Indianapolis.

NEGRO DEATH RATE IN NORTH AND SOUTH

From the Selma Times-Journal.

Prof. Walter F. Wilcox, of Cornell University, a recognized authority on negro statistics and a dependable, clear-sighted analyst of negro problems, says that the negro is dying at a rate in northern cities which will bring about the extinction of the race in those latitudes. The only deduction derivable from Professor Wilcox's deadly array of figures which he has gathered from an exhaustive study of the facts is that if the negro wants to live, let him remain in the congenial habitat which nature has provided for him in the South.

The census figures compiled by Professor Wilcox show that in New England there are 135 deaths among the negroes to 100 births. In New York six negroes die to every one born; in Pennsylvania there are 130 deaths to one birth; in Michigan the rate is 17 deaths to one birth, and in Minnesota 65 negroes die where one is born. At such rates as these, how long can the negro population in the North, New England and the West survive? With the deaths outnumbering the births at a rate of from five to 65, the matter of calculating the end is not a difficult one.

The figures are not gotten up for "Southern consumption," or with a purpose to check a tendency among an element of Southern negroes to move north. There can be no question of the accuracy of the statements, for they are derived from the census reports and are prepared by a careful statistician. The disclosures which impress are that in the New England states, and the four states already named, 14 negroes die to one born. In the Southern states, including the District of Columbia, where there is an unfavorable ratio, there are 79 deaths to 100 births. In the Carolinas, Georgia and Alabama, the death rate among the negroes is just a little in excess of the whites. In North Carolina, 100 negroes are born where 62 die, in South Carolina and Georgia the ratio is 59 deaths to 100 births; in Alabama the ratio is 57 to 100, which is almost as favorable as that of the whites in the rural sections. The irrefutable figures show that in every one of the northern states negro deaths outnumber births, while in the southern states it is just the other way. The northern climate is a destructive factor working against the negro's longevity. In 1790, when the first census was taken, the negroes constituted one-fifth of the country's population. In 1920 it was one-tenth. This notable reduction in growth is largely due to the negro's dispersion over the United States. The moral of it all is, if the negro wants to live long he should stick to the rural sections of the South. Better a home in the South with plenty of hog and hominy and the average human span, than a "job" in the North for a few dollars a day and a hole in the ground for a permanency.

N Y C SUN
MAY 23, 1923

Health of the Negroes.

Statistics Show Decrease in Death Rate in Recent Years.

TO THE EDITOR OF THE SUN—*Sir:* In the editorial columns of your esteemed paper of the issue of May 18 there is an article entitled "Health Among the Colored."

Recent statistics gathered from all the more important sources, i. e., the Army Medical Association, the United States census, the various bureaus of health of the several larger cities and even the insurance companies, prejudiced as they have been, prove that the death rate among this particular racial group has showed a marked decrease during the last few years. Conclusions drawn from military examinations and experiences of the last few years appear to indicate that the negro is constitutionally a better physiological machine than the white man. Instead of negroes carrying or communicating tuberculosis and other diseases to the white man the negroes have in nine cases out of ten contracted these and other diseases waiting on and serving white people.

The writer of the article in question is in error in laying the fault of insanitary conditions in the South and elsewhere to negroes. It is rather that negroes are forced by white people to live in a large measure in ramshackle dwellings, unfit for habitation, because we are restricted against. It is not because a negro wants to live next to white folks, but that he desires clean, wholesome, sanitary family life. That is the burning question at issue. Given houses and all other things, the negro is much cleaner than the average white man or woman, for negroes are born to the tub and washboard.

Again, leading institutions of learning are graduating each year large numbers of qualified M. D.s, who in turn serve interneships and pass creditably State boards of medical examiners. Each year in Washington, D. C., Howard University Medical School (in the A-1 class) is graduating them in groups of 150 or more.

There is among negroes a National Medical Association and the registered trained nurses have also a national association. There are over 4,200 negro physicians in active practice in their profession, which speaks very well for a group that had prior to the close of the civil war a number that was negligible.

Negroes are of the same mind as the

writer of your article on their health, that the negro physician, properly trained and imbued with a conception of his responsibility, "has it within his power to accomplish much good."

DANIEL W. CHASE.

PHILADELPHIA, May 21.

CHARLOTTE ... AGO NEWS

THE HEALTH OF THE NEGRO

The census of 1920 reports that the negro death rate was found to be 18.4 per 1,000, as against 12.8 per 1,000 for whites, just 50 per cent higher infant mortality averages twice as high as among whites and the death rate from tuberculosis and typhoid about three times as high.

There are two or three ways that this situation can be viewed. The most immediate and striking is that the white people of the South, where the negro is principally a dweller, owe it to themselves out of sheer self-interest, and owe it to the negroes out of altruistic impulse, to see that this condition is remedied as far as it can reasonably be expected.

We may be disposed to look at it from an economic angle and if this is only our interest in what these statistics reveal, it is evident at once that the loss is staggering. In the South, the estimate is, more than 200,000 negroes are seriously ill all the time from preventable diseases, which is tantamount to saying that 200,000 negroes are being withheld from employment because of sickness which could easily be forestalled. The direct financial loss, it is further estimated, runs up to $200,000,000 a year from this source. Of the 225,000 negro deaths in the South each year, it is argued that at least 100,000 of them can be prevented. These conditions, obviously, entail a vast economic loss.

They constitute also, however, a very grave social peril. Epidemically, the negro and the white man are not distinct. Disease knows no segregation. It does not balk at color lines. It has no respect for rank or distinction. It has been counted a social duty on the part of the government of this nation to quarantine against the invasion of Asiatic rats because of the fear that they may bring with them the Bubonic plague. How much more of a duty it becomes, therefore, that society should concern itself with any unsanitary disease center in any community that becomes a focus of infection, menacing every part of it. Add to this the humanitarian obligation which demands that we do everything in our power to ameliorate suffering and save life and we have an appeal that imperatively calls for popular interest and consideration.

N Y C MAIL
MAY 17 1923

HEALTH MESSENGER TO COLORED SOUTH

Must Have Aid of Leaders to Carry On.

Washington, Today. — Explaining that the colored community nurse, backed by intelligent white and colored leaders and supervised by an interested and sympathetic State department of health, is the most effective person to bring the health message to the masses of ignorant negroes in the South, T. J. Woofter, Jr., of the Commission on Inter-Racial Co-operation, Atlanta, Ga., delivered an address today at the national conference of social work on "The Organization of Rural Negroes for Health Work." Mr. Woofter said that the health of the white South is inextricably bound up with the health of the colored South.

"Any attempt to reach the colored population must have as its essential feature the enlistment of the aid of the colored leaders—doctors, teachers, preachers," said Mr. Woofter.

"Of no less importance is the effort to convince the southern landlord and manufacturer that a healthy tenant and labor supply is an economic asset. It is now estimated that $150,000,000 is lost annually through preventable sickness and deaths of negroes. For this task the white farm and home demonstration agents are of paramount importance.

"As a general rule the same diseases affect the negro and the white community, still colored people have their special health problems. Their death rate from tuberculosis is twice that of white people. Infant mortality is entirely too high. Midwives contribute to the high infant mortality deaths in childbirth."

N Y C GLOBE
MAY 7, 1923

EDUCATION OF THE NEGRO PHYSICIAN.

The entire country is deeply concerned in promoting the health of the Negro population of the United States. While this race in this country has an excessive morbidity and mortality, statistics show that much of the excess is due to diseases which have no relation to race as such and imply that it means inadequate medical and surgical care. In the consideration of Negro health betterment the Negro physician will play an important part. When he enters a Negro home, or hospital, or dispensary, he recognizes the patient as one of his own people and inculcates lessons of sanitation that he is in a position to enforce, assuming that he has been properly trained for such work. It is therefore an important part of the work of medical schools to train Negro physicians adequately and in sufficient numbers for work among their own people.

In the eighty-one medical schools in this country only two in class "A" are devoted entirely to the training of colored students, both being handicapped by want of financial support. One of these, because of this and other serious difficulties, restricts its classes to fifty students and is obliged to turn away many applicants who are fully qualified to become students. There are only 379 students at these two schools, and there were only fifty in the last graduating class. This is, of course, totally inadequate for a Negro population of 10,000,000. In developing educational facilities for training colored physicians there is therefore a promising field for those who are prepared to give financial aid for medical education.—Journal, A. M. A., April 28.

WILL SPEND $2,000,000 IN HEALTH CAMPAIGN

Trustees of Milbank Memorial Fund Attempting to Demonstrate Possibility of Reducing Sickness and Mortality Rates. Demonstrations in Three Typical Communities.

The Milbank Memorial Fund will spend $2,000,000 on health demonstrations in three typical communities, embracing a population of 500,000 people, according to its annual report, made public yesterday by the secretary of the fund, John A. Kingsbury, former commissioner of public welfare of New York city. Under the plan announced, the fund will attempt to demonstrate, by cooperation with agencies in these three typical American communities whether by the intensive application of known health measures the extent of sickness in the United States can be materially diminished and mortality rates further reduced and whether or not these practical results can be achieved in a relatively short period of time and at a per capita cost which communities will willingly bear.

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"In deciding to devote a substantial part of its income to health demonstrations," said Mr. Kingsbury, "the Milbank Memorial Fund is allying itself with a world movement, the aim of which was strikingly stated at the recent Cleveland meeting of the American Public Health association when that organization of practical health officers dedicated itself to the task of adding twenty years to the average length of life now prevailing in the United States.

"The committee on resolutions, consisting of three of the most eminent men in practical health work in the United States—the late Dr. Hermann M. Biggs, commissioner of health of New York State; Dr. Haven Emerson, former health commissioner of New York city, and Dr. Lee K. Frankel, chairman of the National Health council—directed attention to a century of striking achievements in the science of public health resulting in an accelerated increase in the average length of life. It directed attention to the fact that within the past three-quarters of a century the average duration of life has been extended by not less than fifteen years in many of the leading nations of the world, stating that the gain in the life span during the last two decades has been greater than during the previous half century; that while 75 years ago one-fourth of all those born in England died before reaching the age of 3½ years, a decade ago it was not until the age of 33½ years that one-fourth died.

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"There is nothing inherently impractical or extravagant, according to these distinguished experts, in the proposal that we may attain such knowledge of the laws of health that within the next half century as much as twenty years may be added to the expectancy of life which now prevails in the United States, and to that task the American Public Health association unanimously dedicated itself.

"This project of the Milbank Memorial Fund," Mr. Kingsbury continued, "known as the New York health and tuberculosis demonstrations, will be carried on in three localities of New York State typical of metropolitan, city and rural communities in the country at large. It will be conducted under the general supervision of a group of well-known leaders in public health and social work. Its purpose is to determine which diseases more readily yield to concerted attack—to what extent tuberculosis can be further reduced; whether the low infant mortality rate of 50 (per 1,000 born) attained in many progressive communities can be generally substituted for the rate of 100 or more still prevailing in parts of the United States; whether diphtheria, for example, can be practically eliminated; what preventive methods are most effective in controlling disease; what constructive measures are most successful in promoting public health; in short, to ascertain what can be accomplished by the intensive application of public health measures in the fields of physical and mental, social and industrial hygiene. A record will be kept of the exact cost of each specific project and every effort made to keep the cost down to a minimum consistent with efficiency."

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Actual work has already started in Cattaraugus county, a typical rural district in the western part of New York State with a population of about 72,000, and in the city of Syracuse, which has a population of about 175,000. The metropolitan district, though not yet definitely selected, may be located in a section of New York city comprising a population of about 200,000.

The board of directors of the fund, the report shows, is setting aside $325,000 annually to be applied to these projects. By the end of a five-year period it is anticipated that the demonstrations program will be firmly enough established in each community to command complete local support and to serve as an example in disease prevention and health promotion.

The Milbank Memorial Fund, Mr. Kingsbury said, does not expect to create any new operating machinery to carry out its program, but will work directly through public and private agencies already in existence. An indispensable condition to success, he added, is complete cooperation on the part of State and local departments of health and private agencies.

The president of the Milbank Memorial Fund is Edward W. Sheldon, president of the United States Trust Company of New York. Its treasurer is Albert G. Milbank, and the other directors include former Senator Elihu Root, John G. Milburn, Thomas Cochran, of J. P. Morgan & Co.; George L. Nichols and Dr. Charles M. Cauldwell.

The fund was established and endowed by the late Elizabeth Milbank Anderson to improve the condition of humanity and generally to advance charitable and benevolent objects by the application of constructive health and social measures, principally in the United States. Its policy as been to extend financial aid to existing welfare and educational agencies rather than to establish its own operating achinery.

NEGRO'S HEALTH IN THE NORTH.

Fort Payne Journal.

The story comes from the sections of the north to which so many negroes from the south have gone that the negroes are dying in numbers from disease and starvation. In many cases it is stated no marks or evidences of identification have been found on the dead and they have been buried at the expense of the public and their names and identities unknown so that no news of their death and burial can be transmitted to their relatives or friends. Negroes from southern farms who are used to the open air and a wholesome climate cannot withstand the effects of crowding into close and unhealthy quarters and are succumbing to the unfavorable conditions. Southern people of course regret that the negroes have been enticed to their death, but thre is no way to prevent them from taking the chances.

Health-1923

Tuberculosis Claims Large Number In State Of Mo.

St. Louis Argus - St. Louis, Mo.

2-16-23

Public Is Warned Of Rising Danger Of Dreadful Disease. Negroes Are Principal Victims. Tubercular Sanaterium Is Badly Needed. Legislators Must Act.

How To Eliminate Tuberculosis From Missouri

In Missouri in 1921 there were 3010 deaths from Tuberculosis, indicating that there were 27,000 tuberculous people in the State who need institutional care and attention. In all its institutions—state, county, municipal, federal and private—Missouri has beds for but 1131 such patients, fewer than one twenty-fourth of the needful cases.

Compare Missouri's 1921 facilities for institutional care of these tuberculous with New York's 11,439 beds, Pennsylvania's 4011, Illinois' 3648, California's 3468, Ohio's 2334, North Texas' 1566, Wisconsin's 1392, Michigan's 1368.

The State Sanitorium at Mt. Vernon should be brought up to standard as a complete and efficient institution, prepared to serve the needs of the people of the State, particularly those living outside the great wealthy cities. The counties are too restricted in their financial resources to undertake fulfilling this obligation, unaided.

The counties can pay in part for the care of their tuberculous as they do for their people who are impaired or defective mentally—and with the expectation of removing the source and cause of the obligation.

Health education is doing much to reduce the death-rate from tuberculosis but, in the last analysis, only proper and sufficient institutional care and medical attention and supervision will suffice to eliminate this most potent of all causes of poverty and poverty's cost and distress.

In the campaign against tuberculosis the line of engagement with the enemy is clearly established. In engagement on this line of attack we must use troops that are properly trained and supplied with the appropriate equipment for warefare. The troops to be employed are (1) full time trained public health officers, (2) public health nurses, (3) public sanitary engineers and (4) health teachers. The equipment for such warfare includes. (1) facilities for health instruction in universities, teachers' colleges, high schools, (2) tuberculosis sanatoria, (3) public clinics and dispensaries and (4) special open-air schools for malnourished, anemic and physically defective children. The campaign of warfare agaisnt tuberculosis implies, further, better housing, better living, full-time employment,a living wage, and improved opportunity for education.

Particularly should the State provide for the care of tuberculous Negroes and its tubercular charges in its eleemosynary, penal, and other institutions.

The Significance of the Negro in the Tuberculosis Campaign

In Missouri, because tuberculosis is nearly four times as prevalent among Negroes as amongst whites, the general chance or casual opportunity of a person's becoming infected with tuberculosis by coming into personal relationship with a Negro is four times that from coming into such relationship with a white.

Relative to their respective numbers, there are more Negroes who are engaged in vocations that imply close domestic or personal relationship than whites. Negroes having such vocations are:—Household servants, laundresses, barbers, porters, janitors, waiters, etc.

While Negroes constitute about five per cent of all people of the State, they contribute thirty-four per cent of the total number of all people in the State who are engaged in such vocations. Twenty-one per cent of all Negroes in Missouri are so engaged; of all whites, only two and one-third percent. The percentage of Negroes is nine times such precentage of the whites.

Taking all these factors into consideration, the general chance or casual opportunity of becoming infected with tuberculosis in domestic or personal service relationship with a Negro is considerably greater than in coming into such relationship with a white.

It is commonly believed that Negroes are more susceptible to tuberculosis than are whites, but there is a question. If living under the same environmental conditions as the whites, would Negroes, we ask, be more numerously tuberculous than they?

Tuberculosis is a slow chronic disease; death in old age may result from infection in childhood. To answer this question of relative racial susceptibility to tuberculosis may require observation through a lifetime, and in the meantime infection goes on. If the whites would save themselves and their children from infection with tuberculosis from Negro sources, should not reasonable effort be made to control the infection from such sources in the meanwhile?

If the whites would save or prolong their ow nlivse and the lives of their own children, if they would save themselves the tremendous financial cost of tuberculosis (about $25,000,000 annually to Missouri), they must first save Negroes from the disease. This should be the first line of engagement with the enemy tuberculosis. The State, now should provide a sanatorium for the care and segregation of tuberculous Negroes. The adoption of such policy and the following of such practice would be constructively philanthropic and wisely economic; it would be good business—for Missouri.

Missouri's Need of a Sanatorium For Tuberculous Negroes

In Missouri, the death-rate from tuberculosis amongst Negroes is three and nine-tenths times as high as amongst whites; of the total population of Missouri, Negroes constitute one-nineteenth or five and one-fourth per cent; of all deaths from tuberculosis in Missouri, Negroes contribute nearly one-fifth or eighteen per cent.

Of all years lost by Missourians in life's expectation on account of early preventable death, Negroes, because of their earlier death from tuberculosis, are responsible for approximately forty per cent of such years lost.

Fifty per cent of all relief given the poor in New York City is occasioned by tuberculosis. On this basis, nearly one-tenth, nine per cent, of all charitable relief called for in Missouri is occasioned by tuberculosis in Negroes.

On the scale of 1911 wages and cost of commodities and rent, the cost and loss chargeable to tuberculosis in Negroes in Missouri in 1921 amounted to nearly $5,000,000.

These facts appeal commandingly to the people of Missouri, to taxpayers in their own interests, to make provision for the care of tuberculous Negroes in a state sanatorium to be located at a point of easy access by railroad by the greatest number of Negroes.

Talk these matters over with your Representative to the State Legislature and with your Senator, or write them. They wish to know the needs and wants of their constituents. They will thank you.

CLAIMS NEGRO HEALTH OF VITAL IMPORTANCE TO ALL.

Dallas Express

Dallas, Texas

(N. A. C. P.)

3-31-23

Chicago, Ill., March 23.—Declaring the health and welfare of the Colored people of the country comprising as they did one-tenth of the population is of vital interest to all groups, W. F. McDermott, writing in the Chicago Daily News this week paid a tribute to Meharry Medical College of Nashville, Tenn. He said:

"Although the school is little known, Meharry Medical College has without doubt done more for the health of the 10,000,000 Colored people of America than any other factor, because from its halls have come more than half of all the Colored physicians with standard training in America.

Likewise it has graduated a large proportion of the Colored dentists and pharmacists. In actual figures Meharry has an alumni roster of 2,467 physicians, 479 dentists and 284 pharmacists. A feature of the institution is that a large number of its professors are themselves Negroes.

"If a person could visualize the graduate schools of Yale, Harvard, Princeton, Northwestern, University of Chicago and the leading state universities in on colossal institution, turning out half the professional men with whom the white people come in continuous contact, he would have something of a conception of what place this educational center at Nashville holds in the consciousness of the Colored people of the nation. It is closely akin to the position and prestige rapidly being gained throughout China by the medical university and hospital established there by the Rockefeller foundation.

"One of the reasons for Meharry's accomplishments is the fact that it has used its utmost resources to make it possible for enterprising young Negroes without means to gain their technical education in medicine, surgery, dentistry, and pharmacy on the excellent theory that no better material for the professions exist than those who have pushed ahead to their goal in spite of poverty. Consequently it is possible for the matriculating student to get room, board, light and laundry for $25 to $30 a month. His tuition is held down to about $15 a month and other items in proportion.

"Meharry Medical College was founded in 1876 and has developed through difficulty and hardship into an institution with a number of buildings, an anatomical hall, two hospitals, four dispensaries are maintained. The school has a library of 100,000 volumes. Its support is maintained by both white and Colored people of the North and South. Most of the Colored physicians and dentists of the South are Meharry graduates."

LOW WAGES MEAN BIG INFANT DEATH RATE, U. S. SHOWS.

Mortality is Twice as Great as Normal When Mothers Must Work

Dallas Express

Dallas, Texas

Report Proves. Most Colored Mothers Work.—U. S. Report Shows Why Infant Mortality is So Great Among Negroes.

3-31-23

(Crusader Service)

Washington, March 26—Additional evidence that the employment of mothers away from their homes, particularly during the months immediately preceding confinement, or during the infant's first year of life, is detrimental to the infant's health, is adduced by the Children's Bureau of the Department of Labor in a report about to be made public.

The material has been gathered as the result of a year's study of the conditions surrounding maternity, in an industrial community of over a half million people.

The report will state in part:

"The employment of mothers during pregnancy was found to be associated with a markedly high stillbirth rate, a high rate of premature births, a high mortality rate during the first month of life, and a high mortality from causes peculiar to early infancy — causes which are directly related to the health of the mother before birth."

Startling figures are given regarding the percentages of stillbirths, premature births and infant mortality, as between women engaged in industrial pursuits and those not so employed.

The mortality rate during the first month of life, it was shown was 77.3 per 1,000 among the babies of mothers employed from home, or nearly twice the rate 39.9 among the babies of mothers who were not so employed.

The report continues:

"The employment of the mother too soon after confinement also appears to be a factor in the infant mortality rate. The mortality rate among the babies included in this study whose mothers were employed away from home during the babies first year of life was found to be one and one-half times the rate among babies of mothers not so employed."

Besides emphasizing that children of employed mothers must be artificially fed and are thus deprived of a very valuable factor in infant development, the report goes on to

Calhoun and family, Mrs. Virge Franklin and family left for Bux-

"That the low earnings of the father bear the principal responsibility of the employment of the mother is shown by the marked contrast between the severe income groups in respect to the proportion of mothers employed. Of the mother in families in which the fathers earned less than $450, 29.2 per cent were gainfully employed away from home during pregnancy, while only 1.2 per cent of the mothers in families in which the father's earnings were $1,250 or over were so employed at that period.

"The contrast is equally striking in the case of employment following the birth. Of the mothers in homes in which the father's earnings were less than $450, 22.1 per cent were gainfully employed away from home during the infant's first year of life, as compared with only 6 per cent of the mothers in homes in which the father's earnings were $1,250 or over. The greater prevalence of mothers' employment in the low income groups is evidently a factor in the high infant mortality rate which characterizes families with low incomes."

Previous reports of the Children's Bureau on infant mortality have shown a definite connection between income and infant mortality. As the income increases the infant death rate decreases. This study, which is of the city of Baltimore, is based on a larger group than the previous studies and permits a closer analysis of the single factor of employments of mothers.

"Y" MAKES HEALTH WEEK DRIVE ON TUBERCULOSIS

An intensive religious program celebrated holy week at the Wabash Ave. Young Men's Christian association. The vespers conducted by the Young Men's council on Friday represented one of the high points of the week. Harrison Ferrell, jr., presided at the piano. Ramon Young of St. Mark Sunday school was the speaker.

A program presented by the choir of Christ temple will be staged at the Wabash Ave. Y. M. C. A. on Tuesday evening, April 24. The proceeds will benefit the boys' department of the "Y." The principal feature of the evening will be the dramatic presentation of the Bible story of Ruth the Moabitess. W. S. Dudley and Annibell Pleasant are cast in the leading roles.

The fight for health and especially the campaign against tuberculosis has been pushed with vigor this week by the Wabash Y. M. C. A. Warning and advice regarding the possible prevention of the white plague as a measure of protection for the individual and the community have been carried into the school rooms, into industrial plants and to audiences in the building. Motion pictures, slides, lectures, booklets and attention-compelling posters have brought home to thousands of South Siders the problem of preserving health.

In addition to the gymnastic exhibition the physical section is interested Wednesday evening this week in entering 12 men in the city-wide gymnastic contests at the Central Y. M. C. A. The department basket ball team will fight for honors in the semifinals and finals at the Division St. building on next Saturday. The Sunday basket ball league is scheduled to wind up its contests April 13.

Health Among the Negroes.

(From the New York Sun)

The excessive mortality which persists among the Negro population of the United States constitutes a grave menace to the public health. Tuberculosis and other diseases not only deal suffering and death to colored people themselves, but through them are often communicated to others. The whole nation has a very real interest in the maintenance of healthful conditions among a race which furnishes such attendants on the public as cooks, maids, laundresses, Pullman porters and waiters.

Yet it is doubtful whether healthful conditions among the Negroes will ever be attained until a larger number of the race are educated as physicians. In most communities the colored population is attended only by white doctors. Since many Negroes are very poor, practice among them is not desirable and is rather avoided than sought after. The Southern doctor does not wittingly let colored patients suffer, but of necessity he does not give them the time an attention which their cases often demand. Sanitary conditions in the colored quarters of many Southern cities are extremely bad, while preventive medicine is sadly neglected.

The *Journal of the American Medical Association* sounds the right note then in pleading for the training of more Negro physicians. At present the high grade medical colleges of the country are graduating Negro doctors at the rate of only fifty a year. These fifty are as nothing among a colored population of nearly ten and a half millions.

If the Negro physician has been properly trained and imbued with a conception of the responsibility of his calling he has it within his power to accomplish much good. When he enters the home of his patient he is received as a brother rather than one of a different race; he adapts himself to the needs of the situation, and can carry home far more than could the white physician the lessons of sanitation and health.

NEED MORE NEGRO DOCTORS

Only 50 First-Class Ones Turned Out Annually for 10,000,000 Persons.

The Journal of the American Medical Association calls attention to the necessity of training more negro physicians to practice among members of their own race. At present the high-grade medical colleges in this country are graduating negro doctors at the rate of only fifty a year, whereas the negro population of the United States is 10,000,000.

In planning for the protection and promotion of the health of the negro population of the United States the entire country has a deep concern. Statistics show the excessive morbidity and mortality that handicap the negro race in this country and prove, further, that no inconsiderable part of the excess is due to diseases communicable without respect to race, and justify the inference that no small part is due to lack of knowledge and to inadequate medical and surgical care. In outlining plans for racial health betterment no factor is of greater importance than the part the negro himself will play, and particularly the part that will be played by the negro physician, says the editor.

When the negro physician enters the home of his colored patient or meets him in the dispensary or the hospital ward he greets him as one of his own people, adapts himself to the needs of the situation, and carries to his patient, and to the home, lessons of sanitation and health that he can enforce to a degree hardly practicable otherwise. That is, he does so if he has been properly trained and has been imbued with a conception of the responsibility of his mission to his race and to the community; not otherwise. To train colored physicians adequately and in sufficient numbers is, therefore, an important part of the service our medical schools owe to the public, and a task demanding the serious consideration of our medical educators, the writer says.

Among the eighty-one medical schools in the United States only two in Class A are devoted entirely to the training of colored students. Both of these schools are striving hard to keep pace with the advances of medical education. Both are handicapped by lack of financial support. One, because of lack of such support and because of its unwillingness to accept students in excess of the number that can be properly taught with its limited laboratory facilities and teaching staff, has restricted its classes to fifty students. In consequence, it is turning from its doors applicants fully qualified, according to accepted standards, for the study of medicine. The latest figures available show only 379 students in attendance at these two schools, and the last graduating class of both together numbered but fifty.

White physicians will continue for an indefinite time to treat colored patients; but the inadequacy of an annual output of only fifty colored physicians is apparent when it is borne in mind that our colored population exceeds 10,000,000. In the development of educational facilities for the training of colored physicians there is, therefore, a field that may well be cultivated by those prepared to give financial aid to medical education, in the opinion of the writer.

N Y C SUN
MAY 18, 1923

Health Among the Colored.

The excessive mortality which persists among the negro population of the United States constitutes a grave menace to the public health. Tuberculosis and other diseases not only deal suffering and death to colored people themselves, but through them are often communicated to others. The whole nation has a very real interest in the maintenance of healthful conditions among a race which furnishes such attendants on the public as cooks, maids, laundresses, Pullman porters and waiters.

Yet it is doubtful whether healthful conditions among the negroes will ever be attained until a larger number of the race are educated as physicians. In most communities the colored population is attended only by white doctors. Since many negroes are very poor, practice among them is not desirable and is rather avoided than sought after. The Southern doctor does not wittingly let colored patients suffer, but of necessity he does not give them the time and attention which their cases often demand. Sanitary conditions in the colored quarters of many Southern cities are extremely bad, while preventive medicine is sadly neglected.

The *Journal of the American Medical Association* sounds the right note then in pleading for the training of more negro physicians. At present the high grade medical colleges of the country are graduating negro doctors at the rate of only fifty a year. These fifty are as nothing among a colored population of nearly ten and a half millions.

If the negro physician has been properly trained and imbued with a conception of the responsibility of his calling he has it within his power to accomplish much good. When he enters the home of his patient he is received as a brother rather than one of a different race; he adapts himself to the needs of the situation, and can carry home far more than could the white physician the lessons of sanitation and health.

Need for More Physicians.

THE AGE has received a communication from Capt. Leo Fitz Nearon of the Medical Corps of the 369th Infantry, directing attention to an editorial printed in the New York *Sun* on "Health Among Negroes," in which it was claimed that the excessive mortality which persists among the Negro population of the United States constitutes a grave menace to the public health. While this alarmist note might have been justified a few decades ago, recent reports of investigations conducted by the Metropolitan Life Insurance Company show a decided reduction of mortality and a distinct gain in health conditions among its colored policy holders.

Nevertheless, the position taken by the *Sun*, that it is doubtful whether healthful conditions among the race will ever be attained until a larger number of them are educated as physicians, is deserving of consideration. The *Journal of the American Medical Association* is commended for sounding the right note in pleading for the training of more Negro physicians and the statement is made that the high grade medical colleges of the country at present are graduating colored doctors at the rate of only fifty a year. Dr. Fitz Nearon contends with some reason that five hundred medical graduates should be our yearly quota, in order to meet the needs of increasing population, especially in the larger cities. His suggestion that the *Sun* could help in this matter is quite apropos, as the road to any of the learned professions is made none too open for colored students.

Those desiring to pursue a medical career, especially in the South, find themselves hampered in the choice of a place to obtain the requisite training, as the medical schools open to students of the race outside of Washington are few in number and of limited capacity. Raleigh and Nashville are the only places we can recall possessing institutions of this character. If the student has the means, or his family can assist him, he may attend one of these racial institutions or perhaps obtain entrance to some medical school in the North, which opens its doors to a limited number of colored students. Even at that he may not be able to secure the requisite hospital training or experience as an interne, that enables the student to apply his theoretical knowledge to practice. In spite of all drawbacks, however, if his money holds out or if he can eke it out by work at odd hours, he manages to graduate. The struggle to fit up an office and establish a practice is the next thing in order and many have accomplished it by dint of toil and persistence. But the unnecessary obstacles put in the way of acquiring the profession and the slow returns for much effort, have turned the attention of many ambitious youth into other channels.

As Dr. Nearon suggests, the *Sun*, and other moulders of public opinion, could help increase the number of colored physicians by opening the doors of hospitals and medical schools, for their instruction. Places should be opened to them as medical officers and sanitary inspectors in the various cities where their services are most needed. New York has made a beginning in this direction, but there are many places where nothing has been done along this line. Especially is this necessary in the South, where the lines are so rigidly drawn between the races. While there are white doctors, who give conscientious attention to the needs of the colored population, as was shown in the report of sanitary shortcomings in Birmingham and the establishment of a hospital for colored patients in a Georgia town by a white physician, the need for more trained medical men of the race is growing year by year.

Unnecessary obstacles raised by race prejudice and color discrimination cans. The need for their services to should not be allowed to block the m prevent, as well as to treat disease, is physi- imminent and pressing.

Health - 1923

Georgia.

SEP 3 0 1923

OPERATING FREE NEGRO CLINIC AT EAST MACON COLORED SCHOOL

Negro Nurse Placed in Colored Schools of County by Education Board

In an effort to improve living conditions among negroes in Macon and reduce the very high death rate, a special negro nurse has been placed in the colored schools of the county by the Board of Education and a free clinic for negroes, conducted by the Colored Medical Society, has been established at the East Macon Negro School by the City Health Department.

The vital statistics report for the month of August showed the death rate among negroes to be far higher than that among the whites of the city. Out of sixty-eight deaths, forty-seven of them were negroes and twenty-one white people, although there are nearly 7,000 more white than colored people in the city.

"The death rate among negroes is higher than among the whites for two reasons; first, ignorance and, second, the unsanitary conditions under which they live," said Dr. C. L. Ridley, city health officer, yesterday. "This great difference in rate is clearly shown by the August vital statistic report. Seeing the need of health work among the negroes, the Board of Education has put a negro nurse in the colored schools and the Health Department has arranged with the Colored Medical Society to operate a free clinic for colored children. This clinic is held at the East Macon School every Monday, Wednesday and Friday.

Colored Doctors Active

"If this work is intelligently put on and carried through it will, in the course of time, reduce the colored mortality rate materially.

"The colored doctors of Macon are doing this work as a part of their obligation to the community and receive no fees whatever for it. They are to be commended by all right thinking men and women of both races.

"It is the death rate that largely determines the health situation. So long as there are a large number of deaths in either race or for any cause, we can not maintain our place as a healthful city.

"When a negro dies in an obscure alley," Dr. Ridley said, "such as Moccosin Slide, or Bird Cage Alley or Murray's Lane, that from a statistical point of view counts as much as though he had died on Orange or College Street, or in North Highlands or Vineville. While we can't attempt to compare the social or economic phase of the death, the statistical loss is the same."

Dr. Ridley said that the steps taken in establishing the clinics and placing a nurse in the public schools was but an effort to get at the bottom of the cause of a high mortality rate. The work being carried on is of as much value to one race as to the other, and the fact that it is directly under the supervision of negroes should be looked upon by every one as worthy of highest praise, Dr. Ridley said.

NO RACE SUICIDE HERE

Clarion Ledger Independent

Child to Every Ten Women Born in Georgia.

There is little danger of race suicide in Georgia, according to Dr. W. A. Davis, director of the state bureau of vital statistics.

"For every ten women between 15 and 45 years of age in the state in 1922," the director said, "there was one baby born, or, in other words, one woman out of every ten gave birth to a child during that year. According to the 1920 census, there were 685,335 women in this class, and according to the state bureau of vital statics records, there were 69,615 children born.

8-30-23

"The white race shows a better record in this matter than the Negro. There were 385,654 white women and 44,525 white babies born, or one baby to each eight women. There were 25,042 Negro babies born to the 299,681 Negro women in the child bearing age, showing a ratio of one baby for each twelve negro women.

"The greater number of children were born to fathers between 25 and 30 and to mothers between 20 and 25 years of age. An attempt to verify the ages of parents when given as over 50 in the mother and 70 in the father wae made. In some cases, the local registrars apparently made no effort to verify these ages and in others they were forced to take the statement of the parent who in the Negro race many times did not know the exact age.

"There were three fathers who were eighty and two who were eighty-two. All of them had wives under forty-three years of age."

The foregoing statistics, no doubt, give the facts relative to birth rate in the two races in this state according to the most authentic authority obtainable. But there is much reason to doubt the correctness of the records as to birth rate in the Negro race for several causes. In the first place there is much indifference exercised about keeping records straight regarding Negro affairs and progress; and in the second place there are great numbers of births in the Negro race that do not have the care and attentions of doctors; therefore many more not reported.

There are many other causes that contribute to the low birth rate among the Negro race. Miserable living conditions, burdensome toil and poor and scanty food, causing debility among women, operate against normal birth rate. Negro women, under normal conditions are equally productive as any other women. The ratio shown in the foregoing records are commendable when all things are considered. It it not race identity that makes the difference in birth rate. It is race conditions.

In the days of slavery when Negro women were well fed and well cared for and a correct record of their babies was kept by their masters so as to know just how many slaves they had, the Negro women had larger families than the white women. There was great interest manifested in the birth rate and a correct record kept of them, but now things have changed and much of the interest lost in keeping the records correct. However, the above statistics are very commendable for the race.

Negroes, as a rule, move about more than while folks and thus it is more difficult to keep correct account of the birth rate among them than it is among the whites. The report states "In some cases the local registrars apparently made no effort to verify these ages, etc.," and this same indifference was exhibited in every phase of their work, no doubt, in ascertaining the correct facts about the birth rate among Negroes. Thus it is plain to reason that the birth rate among Negroes can be quite incorrect. There is room to believe the birth rate among Negroes is equal to that of the whites.

SEP 3 0

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Health — 1923. Illinois.

EVANSTON SOCIRL WORKER IS APPOINTED POLICEWOMAN

Evanston, Ill., Sept. 7.—Mrs. Anna Beck, 2018 Colfax St., was recently notified of her appointment to the police department of Evanston. She has the distinction of being the first Race woman to receive such an appointment in this city. The naming of Mrs. Beck came after Chief of Police Leggett had conferred with the mayor on the advisability of a policewoman to look after the increased population of women and girls who are coming into the city with the general influx from the South.

Mrs. Beck

She took her oath of office on Aug. 15. The new policewoman was for some years prior to her advent into Evanston, a school teacher in Missouri and was superintendent of the primary department of Ebenezer A. M. E. Sunday school in this city for nine years. Her experience with children and her active contact with social work amply prepared her for her new position.

FIND EVANS WRONG ON FIGURES

A Chicagoan, signing himself "An Observer," has the following to say on a recent article in the Chicago Tribune:

Dr. W. A. Evans, health editor of the Chicago Tribune, recently wrote an article in which he asserts that the rank and file of Negroes are for segregation, because after Colored nurses and doctors were put on the staff the Negro patronage of the Phipps institute clinic, Philadelphia, increased in 10 years from 76 to 700. It is doubtless true, as stated in the article entitled "Negroes to Care for Negroes," that when Negro attendants and physicians were added to the clininc that the Negro patronage increased. It would be most natural for this to be true. A little elementary reasoning, however, would suggest that the increase in patronage might have grown to some extent out of the increased population of the district as well as out of the fact that Negro physicians and nurses were added to the staff. Another factor which might account for the increased Negro patronage is the general attention paid through health campaigns in the last two decades to the necessity of conserving and guarding one's health. Admitting, however, that Negroes flock in large numbers to clinics in which Negro physicians and nurses are at work, this is hardly evidence to support the claim that the rank and file of Negroes are for segregation.

There are hospitals in Chicago from which Negroes would be turned away. Negroes do not wish to embarrass themselves unnecessarily by going where they are not sure they wanted. If Negro nurses and doctors should be added to the staffs of these hospitals doubt would be dispelled, and the Negro patronage would doubtless increase. If there was freedom of access by Negroes to such institutions the conclusion that Negroes favored segregation would have more point.

The second main contention of the article grows out of a statement by Dr. Hoffman, who is the writer of the monograph entitled "Racial Traits and Tendencies," which was shot to pieces 20 years ago by Kelly Miller. The quotation concerning the Negro race which forms the basis of this part of Dr. Evans' article, is as follows: "Its extreme liability to consumption alone would suffice to seal its fate as a race * * * in consequence, the natural increase in the Colored population will be less from decade to decade, and in the end a decrease must take place." As far as the application of this conclusion to the members of our Race in the United States is concerned, Dr. Evans overlooks two very significant items: The parallel decrease in the rate of increase among whites and the constant decrease in the death rate from consumption among Negroes, that is, in the country at large.

Between 1790 and 1800 the increase of white population in the United States was 35.5 per cent. From 1860 to 1870 the increase in white population was 24.5 per cent. In 1890 to 1900 it was 21.2 per cent. From 1910 to 1920 it was 16 per cent. It is true that in the period extending from 1790 to 1920 some censuses showed a larger increase than 35 per cent, but the general tendency as shown by the census tabulation is for the increase percent to become less and less decade after decade. In the same time that the increase of whites was dropping from 35.8 per cent to 16 per cent the corresponding increase of Negroes dropped from 32.2 to 6.5 per cent. This is not at all alarming when one considers that many Colored people are white enough to be returned as white, while few whites are likely to be counted as Negroes; that the white people are helped by the tremendous influx of foreign citzens who cast their lots with us, while immigration among Negroes is negligible.

The increase among Negroes represents substantially a natural increase. The increase among whites represents a natural increase plus the increase from immigration. With all of this help from immigration white people as well as Negroes are increasing at a less rapid rate from decade to decade. It seems rather far fetched then to conclude that the Negro is likely to be extinguished any more than other groups which show the same tendency to progressively lessen their rate of increase. Again, taking the tuberculosis figures of the industrial policy holders of the Metropolitan Insurance company as an index, the January, 1923, number of the Metropolitan Bulletin indicates a decline in the tuberculosis death rate of Colored policy holders of 9.2 per cent from the 1921 figures and 42 per cent from the 1911 rating. Again, in July, 1923, the tuberculosis mortality rate was still declining among Colored people—2.4 per cent from the record of the first half of 1922. As this bulletin sums it up, "The continuous decline (except for a single year) that has been observed since 1911 is still going on."

We can always sympathize with Dr. Evans in giving us figures which stimulate our attention to things which really need attention. We can redouble our efforts to cut down still more the ravages of consumption among our people with the confidence that with the improvement in general health there will be a decline in death rate, and all other things being equal, the rate of increase will follow along more normal lines, affected only by the factors which affect the members of all other groups living in this country.

Health - 1923 Indiana.

NEGRO DEATH RATE.

The Freeman 3/24/23.

An editorial in the Indianapolis News of March 17th, on the death rate of this city, as compared with other cities and areas where scientific data have been gathered, brings to the front one of the most serious and vital problems of our city, and particularly of its Negro citizens. The Freeman this week is asking its readers not only locally, but generally, to study this report of the public health committee of our local Chamber of Commerce, for the conditions here are said to be not peculiar to Indianapolis. Admitting the correctness of the conclusions drawn by the committee, The Freeman will discuss, next week, "Some of the Causes of the Negro Death Rate." In the meantime, this editorial furnishes a very pressing and practical incentive for the serious observance of Negro Health Week, April 1st to 7th. The editorial is herewith submitted: Ind.

"In his effort to learn why Indianapolis has a higher death rate than some other cities no more fortunately situated, Harry E. Jordan, chairman of the Chamber of Commerce committee on public health, has obtained data that are startling. The latest information from the registration area, comprising most of the United States, shows a mortality rate for organic heart disease of 144.3 for each 100,000 of population. The rate for Indianapolis is 170.1. Separating white and colored, shows an Indianapolis rate of 156.5 white and 287.5 colored. The registration area rate for tuberculosis is 142.9. For Indianapolis it is 180.3 white and 442.5 colored. The general rate for deaths of children under two years is 62.6; the Indianapolis rate 48.6, or 46.4 white and 67.7 colored. The typhoid death rate for Indianapolis is 15.9; for the registration area 14—colored residents, 24.8, and white 14.8. Indianapolis has an influenza and pneumonia rate of 192.4—white, 175.7, and colored, 334. The general rate of Indianapolis is white, 14.3, and colored 21.4.

The committee, which includes Secretary Morgan, of the City Board of Health, and Secretary King, of the State Board of Health, says that such figures are not peculiar to Indianapolis. Similar conditions exist in every American city having a large colored population. A preliminary survey of health and sanitary conditions submitted by Secretary Borst, of the Community Chest, shows that adequate facilities for the public treatment of colored persons have not been provided.

The committee's first problem would seem to be to impress on the colored people the importance of health. Disease is largely preventable."

NEGRO HEALTH AND CHAMBER OF COMMERCE.

The report of the Committee on Public Health created by the Indianapolis Chamber of Commerce to the effect that the death rate among colored people is much higher than that among the whites of this city, while alarming, on the other hand, the cause for same can be easily located and the remedy applied if our Chamber of Commerce is sincere in its position. We think it is a mere waste of time to get up these reports and send them out to the public if the Chamber of Commerce does not intend to get behind a program of action. To our mind the alarming death rate among colored people may be directly placed to the poor housing and living conditions among these people. It is a known fact that white agents charge and receive more rent from colored tenants than from the same class of property occupied by white tenants, and that notwithstanding this fact, with few exceptions absolutely refuse to fix up property, make proper repairs, etc., when it is occupied by colored tenants. Leaking roofs, damp floors and walls, poor sewer connections, in many cases a total lack of sewer connection or sanitation of any kind, are common things in rental property in strictly colored neighborhoods. This, taken in connection with the indifference on the part of the city administration when it comes to the removal of garbage, ashes, flushing streets, etc., is it any wonder that the death rate is high among colored people? Let the Chamber of Commerce get after the rent "hogs" and compel them to fix up their properties, to give value received to their colored tenants. Let it get behind the city administration, that little more attention be paid to garbage, ashes, streets and alleys in colored neighborhoods and you will see a remarkable decrease in the death rate among colored people. In other words, give the colored citizen an equal break with his white neighbor and he will be equally as dependable as a citizen and equally as healthy.

NEGROES CAN BATHE AT FRENCH LICK SPRINGS

By William Pickens

The Freeman The Indianapolis News Chicago Defender 6-23-23

"Bert" Williams, until his death, would run down to French Lick Springs, Indiana whenever he found even four or five days of leisure on his hands. There he could take "Pluto" and sulphur water and the baths. It is not generally known among the colored people of the United States that they can find accommodation at these wonderful springs.

And they cannot get accommodations at Tom Taggart's hotel or at the big rotunda hotel of Rexford, but they can get the best where "Bert" got it—at "Waddy's," which is within a few steps of the best springs and almost under the eaves of the great rotunda. G. W. Waddy is a colored man who acquired this plot—God knows how, for a Negro could not buy a clod in such a location today—and has developed good hotel accommodations, and a system of baths that is second to none. Since then Tom Taggart and the other lords have bought up even all the woods round about to keep out Negroes, factories, rival hotels and other Unwanteds.

Many white guests from the white hotels come to "Waddy's" to get his baths. He has everything from electris sweat bath, on through soap-rub, salt-rub, shower, tub-rub, to the massaging table and the electric vibrator. When he gets through with you, you feel yourself inside of a new skin, with your vitals wound up for a new start—and you are clean enough to "eat off." The strong brown arm of the black man, Waddy is famous among the bathers.

We find some of the most eminent colored folks of the Middle West at this resort, especially the politicians from Chicago, who escape for a few days from the furious machine-grind of that city, but the colored people of the East do not know that they can be accommodated at French Lick. It is more attractive than Hot Springs, Ark., because the awful fact of Jim Crow cars and other uncivilized offerings to the colored visitor make Arkansas impossible to many colored people from the North and East.

The great seasons at French Lick, and at West Baden, the adjoining community, seem to be the spring and the fall. We trust that George Waddy (and the colored patrons) will keep the place he has and not sell out for any amount of money. Day by day in every way the atmosphere of Southern Indiana is getting more Ku-Kluxed.

INDIANAPOLIS IND NEWS
MAY 19, 1923

INFANT DEATH RATE

A subcommittee, appointed by the Chamber of Commerce public health committee and headed by Homer W. Borst, has decided that it is better to recognize the existence of a high infant death rate in Indianapolis as elsewhere, and try to lower it, than to ignore the situation and permit it to continue. The white death rate was found to compare favorably with other cities, but there was a high death rate among the colored people.

Of this a report from the subcommittee says:

Some question may be raised as to whether the high infant death rate in Indianapolis is not due to negro population, and whether work in this field should be undertaken primarily or exclusively with the negroes or neglected entirely. * * * However, it seems clear to our committee that all the blame for the high infant death rate may not be laid on the negro population. The state of Indiana as a whole has some negro population but the infant death rate for the state in 1922 was only 68, as contrasted with our 76.58.

St. Louis, with a large negro population, had an infant mortality rate of 67 in 1921. Louisville, with a larger colored population than Indianapolis, has no higher infant rate than this city. In Minneapolis the negro popuplation is at least half as large as it is here, but the infant death rate had been cut to 54 in 1921. The subcommittee would increase prenatal care and seek ways in which better treatment can be obtained for babies. In this work the committee has the co-operation of the city and state health departments. Last year 6,646 babies were born in Indianapolis. The estimated number of children under two years of age is 12,000. Something must be done to give them a better chance to reach maturity.

INDIANAPOLIS WINS THIRD PRIZE IN HEALTH CONTEST

Freeman

Contest Held Under Auspices of Business League

Indianapolis Ind

Moton Send Congratulation

9-22-23.

The city of Indianapolis has just been awarded third prizei n the national competition, under the auspices of the National Negro Business League, for the best observance of National Negro Health Week, according to announcement today by Mary A. Meyers, executive secretary of the Marion County Tuberculosis Association.

National Negro Health Week was observed in Indianapolis, April 1-8, 1923, and co-operation between various colored organizations in the city and such health agencies as the Tuberculosis Association, the Aesculapian Medical Society and others with various groups of leaders of the colored race in the city made possible the success that came to Indianapolis.

A beautiful red and gold banner, awarded by the National Clean-up and Paint-up Campaign Bureau, of St. Louis, Mo., has been received at the offices of the Marion County Tuberculosis Association, and this banner is in recognition of the fact that only two other cities in America excelled Indianapolis in their observance of the program of National Negro Health Week. The banner is to be placed this week in the colored Y. W. C. A.

building for exposition and later it is to be circulated among the various colored schools of the city, wherein work in National Negro Health Week activities by the pupils made possible its winning.

The health week was organized under the auspices of the aNtional Negro Business League. Robert R. Moton, president and also principal of Tuskegee Institute, has written letters of congratulation to Indianapolis leaders in the health week movement.

The Indianapolis committee, which was responsible for the success of National Negro Health Week in Indianapolis, follows:

The Rev. Henry L. Herod, chairman; Mrs. Harriet Kelley, representing the teachers; Dr. E. D. Moton, representing the Aesculapian Medical Society; F. E. De Frantz, colored Y. M. C. A.; Dr. H. L. Hummons, representing the tuberculosis clinics of the city; Miss May Belcher, representing the colored Y. W. C. A.; F. B. Ransom, of the Better Indianapolis League; Mrs. Mary Johnson, of the Woman's Improvement Club, and Mrs. Mamie Young, representing the nurses.

Health—1923. Kentucky.

LEXINGTON KY HERALD
DECEMBER 16, 1923

The State Board of Health

According to a telegram from Louisville, Dr. A. T. McCormack, secretary of the state board of health, has felt called upon to issue a letter denying that he promised to appoint a negro physician on the state board of health, and saying that he had never heard of such a suggestion.

We know nothing of the genesis of the report that a negro would be appointed on the state board of health. Our impression of the law is that Dr. McCormack has nothing to do with the appointment; that the members of the state board of health under the law, which has been pronounced the best of any law of any state by leading physicians of America, including Dr. Mayo, are nominated by the medical societies, and appointed by the governor, and that therefore the responsibility for their nomination rests with the members of the profession, and the responsibility for the appointment with the governor.

No man should be appointed on the state board of health because he is a negro, nor because he is white or yellow. No appointment should be made to that board, or to any other board, because of racial distinction.

But it would be of great advantage from many standpoints to have a negro physician on the state board of health, as it would be of advantage to every city with a large negro population to have a negro physician on the local board of health, if in character and intellect and training he is equipped to discharge the duties of such a position.

To a very great extent the health of the state depends upon the conditions in the negro homes; every effort should be made to drive disease from those homes, and to teach the occupants of those homes the need for vigilant and never-failing carefulness. From every standpoint of self-protection, as well as from every standpoint of humanity, the state owes as a sacred obligation every possible effort to make the habitations of the negroes healthful and free from disease. One case of tuberculosis in a negro home may mean the infection not only of those who visit that home, but all the families with whom the occupants of that home come in contact.

It is proper that Dr. McCormack should issue the statement that neither he nor the board of health has the right or the power to appoint any member of that board, and that therefore he has not made a promise that any individual nor a member of any race will be a member of that board. But we feel it only proper, in view of the publication of his letter, to express the earnest conviction that it might be of inestimable service to have a negro as a member of that board, if that negro is selected, not because of his color, but because of his attainments and the confidence his fellow citizens repose in him.

Health—1923. Maryland.

NEGRO DEATH RATE IN STATE HIGHEST IN U. S.

1922 Mark, However, Shows Slight Drop From 1921 Record.

WHITE MORTALITY FIGURES INCREASE

Combined Percentage Remains At 13.6 Per 1,000 Of Population.

Maryland's death rate among negroes continues the highest in the country, according to Census Bureau figures made public yesterday. There were 19.4 deaths in 1922 for every 1,000 of negro population, according to the figures. This is a decrease of 2 per cent. from the 1921 figures.

Kentucky's mortality rate for negroes is second to Maryland, its percentage being 18.4. Mississippi's rate is lowest, the rate for that State being 12.8 per cent.

While the negro rate was decreased for the year, the rate for white persons increased .1 per cent., according to the report. The 1922 rate for whites was 12.4 per cent., and for 1921 was 12.3. The total rate for both whites and negroes remains at 13.6, as in 1921.

Adjusted Rate Drops.

In an adjusted mortality rate which accompanies the report, Maryland's percentage is reduced 2 per cent., being 13.4. The adjusted rate makes allowances for the differences in the age and sex composition of the population and shows what the death rate would be if all States had the same proportion of males and females and the same proportion of total population in each age group.

The adjusted rate for white persons in Maryland is 11.9, while that for negroes is 20.7. The figures for white persons represent an increase of .1 per cent. and for negroes a decrease of .3 per cent.

Total Rate Increases.

Baltimore's total death rate is placed at 14.2, an increase of .4 per cent. over 1921. The adjusted rate for the city is 14.4.

Only six States show lower mortality rates for 1922 than 1921. They are Michigan, Mississippi, Ohio, Pennsylvania, Virginia and Wisconsin. The lowest State rate is 8.1 for Idaho and the highest 14.7 for Maine and Vermont each.

For cities with populations of more than 100,000 the lowest rate is 7.5 for Akron, Ohio. The highest is 17.8, for Memphis, Tenn.

Thorough Death Recording Held Cause Of High Rate

Dr. Fulton Does Not Consider Figures Indicative Of Unhealthful Conditions.

Dr. John S. Fulton, head of the State Department of Health, said yesterday he considers the figures by no means indicative of unhealthful conditions in Maryland. He said he believes Maryland's diligence in reporting deaths may account for the rate, which seems to be higher than in other States.

Extreme care is taken, he explained, to have all deaths, whether of white or colored persons, reported to the department. He said Maryland was among the first States to keep such a record, and probably compiles it with more accuracy and detail than any other.

Such a system, pursued without deviation, tends to make the rate appear higher than for States where records are not complete, he explained. He also said migration of the negro population from extreme Southern States has decreased the dath rate for those States, increasing it for Northern States.

Dr. C. Hampson Jones, Commissioner of Health for Baltimore, said a study of disease and mortality rates among negroes is being made by the Health Department. Through the findings the department expects to determine the principal causes of deaths, and other valuable information bearing on the subject, he said.

Health—1923.

Michigan.

JUL 19 1923

MANY NEGROES DYING IN NORTH

Detroit, Mich., July 10.—So many friendless and unknown Southern negroes have died, been taken to the morgue, and failing identification, have been buried in the potters field here that civic authorities, together with negro ministers are taking steps to provide every immigrant Southern negro with an identification card, giving the address of his nearest Southern relatives or "white folks."

Seventy-five per cent of the unidentified dead in the Detroit morgue are negroes, according to the Detroit News and the majority of these are newly arrived from the South. Tuberculosis, typhoid and in some cases actual stravation, are responsible for the majority of deaths, although a surprisingly large number of killings occur when the negro competes with the low grade immigrant, and race clashes between the negro and the immigrant classes are becoming more and more frequent.

As It Is In Cincinnati

Cincinnati, Ohio, July 10.—Southern negroes who have migrated to Cincinnati are being gouged to the limit by the landlords in the negro districts of these cities. Some of them are charged as much as $10.00 a week for one room, and three and four families are living in houses built for one, because of the extreme congestion in the negro quarters.

In addition prejudice among both the native whites and foreigners against the negro immigrants is rapidly rising, and is expected to grow even greater. This is particularly true among the whites who live near the districts, and as a result who have been thrown in close contact with them.

These facts were disclosed today by Ben W. Overton, executive secretary of the Negro Y. M. C. A., of Cincinnati, and an authority on negro conditions in the city. Dr. John L. McLeish, director of the American House down in the Mohawk district, where the foreign born live, also disclosed that dislike of the Southern negro was growing, among the foreign born unskilled laborers with whom they are in competition.

The negro quarters in Cincinnati are largely located down along the Ohio river front in what is known as "the bottoms" in which, according to the police, as many as 365 people have been killed in the course of one year—one each day. Each year this district is partially or entirely flooded and the negro have to seek safety in other sections of the city until the river recedes. Many negroes have been drowned by these floods.

The migration of the Southern negro to the North has carefully concealed [illegible] quarters and many of the negroes, born and raised in the warm climate of the South, have fallen prey to consumption and other diseases caused by the cold and congestion. It is impossible to estimate the number of Southern negroes who have died and health conditions among them are described as "very bad."

Because of the high rents charged by the owners of the negro tenement houses, ranging as high as ten dollars a week for one room, the Southern negro, when he is lucky enough to have a job, has to spend almost all he makes for rent and what little remains is soon consumed for a meager amount of food. The jobless negroes have to sleep out in the open when it is warm enough and seek shelter in the [illegible] the police station in the [illegible] period of cold weather.

Health—1923.

Mississippi.

20 GOLD STAR BABIES.

The Commercial Appeal 8-20-23

19 White and One Colored Perfect of 250 Examined at Tupelo.

TUPELO, Miss., Aug. 19.—The Lee County Health Unit today completed the most intensive and successful better baby demonstration ever held in this part of the state. The conference was held for the city of Tupelo and lasted for three days. The conference was held under the direction of Dr. J. B. Black, full-time health officer, and Miss Ellzey, city nurse assisted by Miss Stewart, county nurse the local physicians and dentists. Three conferences were held, one for Tupelo, one for South Tupelo and one for the colored children. Two hundred and fifty children under the ages of 5 years were examined. The babies were registered, weighed, measured, and then carried to an eye specialist for an examination, then to the ear, nose and throat specialist, who gave a thorough examination, next to a dentist, who made note of any defects, and last to two physicians who carefully went over the bodies of the children. Many minor defects were noted, of which the mothers were not aware, many of them can easily be corrected, while if left alone might endanger the life of the child in later years. Of the 250 children examined only 20 were found perfect, 19 white children and one colored child these receiving gold star health buttons. Dr. Applewhite of Jackson, director of rural santitation of the state board of health, Miss Mary D. Orsbourne of Jackson, director of public health nurses, and Dr. Underwood, director of child welfare of the state board of health, were present on these days and assisted in the demonstration. Dr. Underwood was frank to say that he had not attended a more thorough baby demonstration in the state of Mississippi than the one held at Tupelo and that he was very much pleased with the conference. He spoke with unstinted praise of the work that is being done by Dr. Black and his staff of nurses in Lee County. Dr. Black and his county nurse. Miss Stewart, have just completed a most intensive campaign throughout the county, instructing mothers in the care of their children and especially advocating giving plenty of milk, especially to those under weight.

Next session milk will be put into practically every school in the county. The Lee County health officer has also been busy vaccinating against smallpox and diphtheria, getting the children in first class condition for school. He has also given typhoid vaccine to hundreds of people in the county, as a result only two cases of typhoid in the county have been reported. The demonstration was held in the offices of Dr. Black at the courthouse. Drs. Applewhite, Underwood and Miss Orsbourne left on the afternoon train for their homes in Jackson.

Health—1923

Missouri

HEALTH SHOW THIS WEEK

St. Louis Argus

St. Louis Mo.

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Dr. Max C. Starkloff, Health Commissioner, in commenting on the exhibit said, "We are very glad that the Urban League is co-operating in helping to make the show a success. Your exhibit is one of highly educational value and should be seen by every visitor to the show." Dr. Starkloff regrets that more colored citizens had not attended the show in order to learn the many lessons on health as demonstrated by the hundreds of exhibits.

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The Health Show continues until Sunday night and every citizen of St. Louis should attend and learn "How to live one hundred years."

KANSAS CITY MO TIMES
APRIL 20, 1923

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Unusual importance, therefore is to be attached to the opening at the Wheatley Provident hospital for negroes in Kansas City yesterday of a children's ward, with standard hospital equipment which, in addition to its service to negro children of the city, will afford valuable training facilities for negro physicians and nurses. The ward is to be an extension of the excellent work that long has been done by Mercy hospital; and it is due to the energy and vision of Dr. Katherine Richardson of that hospital that the new facilities have been established. There also has been a generous recognition of negro health needs on the part of the men and women who have contributed to the fund for the extension.

It is readily apparent that health work of the kind now attempted may be made the entering wedge of general negro betterment in the community, and of the betterment of the entire city thereby. The significant fact should not be overlooked that there are approximately thirty-three thousand negroes in Kansas City, a figure representing about one-tenth the total population of the city. The negroes, in their daily occupations and living conditions, are an integral part of the community; what affects them affects all.

What of the fact then that the negro death rate in Kansas City is 24.12 per 1,000 of population, or nearly double the rate of the entire country? And what of the particular fact that the local negro tuberculosis death rate is 329.8 per 100,000 population, compared with a local white rate for the same disease of only 73.25?

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Chicago Ill.

"In 1921," said Miss Abbott, "the infant mortality rate, that is, the deaths under 1 year of age, per 1,000 live births, for negroes in the birth registration area of the United States was 108, as compared with 72 for whites. For that year, then, the negro rate was 50 per cent higher than the white rate, and the white rate is more than twice what it should be if what is now known about the prevention of infant mortality were practiced by communities.

Poverty Greatest Enemy.

"In a series of studies of infant mortality made by the children's bureau we have found that poverty is the babies' greatest enemy. The baby deaths, both white and colored, occur in largest numbers in families in which the father's wage is the lowest, in families in which the mother goes out to work during the period before the baby arrives and while the baby is still of nursing age. The death rate is higher among children born in rear houses or houses on alleys than among those born in houses on streets.

"It is, therefore, to be expected that the negro rate will be higher than the white rate. But these handicaps of poverty will, in a measure be overcome if the community makes available for the mother information as to (1) what constitutes good care for herself before and during childbirth, and (2) what constitutes good care for the baby."

Cause of Racial Friction.

Speaking of racial relations in Kansas City, A. Halbert, executive secretary, council of social agencies of Kansas City, said:

"The chief source of such friction as has already been manifested in Kansas City between whites and blacks has been the unwillingness of white people in certain neighborhoods not only to allow any new encroachment of colored people on territory which has been predominantly white, but also to permit colored people to live in blocks where the natural growth of the city has brought the white people into closer and closer contact with negroes that have been living in their present locations for some years.

"It seems rather doubtful whether this unwillingness on the part of white people to live in close proximity to colored neighborhoods will ever be done away with. At least, it seems unlikely to be done away with in the near future.

"The growth of the city probably will make the shifting of colored people from one locality to another and the spread of their district into wider space more or less inevitable."

Housing of the migrants from the south was the chief topic of discussion at to-day's session.

Mrs. Blanche Armwood Beatty, executive secretary of the Tampa (Fla.) Urban league, said that leading white women in the south were going to state legislatures and asking for increased appropriations for negro schools. Racial co-operation in the south was proceeding at a satisfactory rate, she declared.

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Missouri

Health—1923

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Health—1923.

New York.

N Y C POST
MARCH 24 1923

Convalescent Care for Negroes

TO THE EDITOR OF THE NEW YORK EVENING POST:

SIR: Physicians, nurses, social workers, and those interested in caring for the sick agree that one of the most critical times in the life of a patient is that immediately following release from the hospital or sick-bed. Particularly is this true of working people. A short period of convalescence, extending over a period of one or two weeks, is essential if the patient is to carry back to his or her job the vitality so necessary to prevent another breakdown and assure efficient service to the employer.

A large proportion of negroes are laborers, many of whom are unable to provide adequately for expenses growing out of long illness, much less for country convalescence. Fully 80 per cent of negro mothers work away from home in order to supplement the family income. Your columns have recently carried articles calling attention to the high death rate among negroes. To what extent is this lack of convalescent care a contributing cause?

New York has the reputation of being most cosmopolitan in its distribution of charity. Perhaps no city in the world compares with it in giving strictly on a basis of need rather than according to race or creed, and yet in the matter of convalescence it is astonishing to see how this actually works out. New York City has one-third of all convalescent beds in the United States, but negroes are excluded from practically all of these. One convalescent home on its admission blank specifies as ineligible cases "contagious, psychopathis, epilepsy, colored." Another, replying to a request for admission, states, "In view of the conditions stated and implied in the bequest, it will not be possible for the board of trustees to make provision for the convalescence of colored people."

The New York Urban League has been attempting to meet this need for several years at North Pelham, N. Y. Here it is possible for colored men and women to obtain two weeks' convalescence. Funds for this work in the past have been conditioned largely upon appropriation from the Burke Foundation. Failing income has caused this to be withdrawn.

Adequate convalescence for the negro population is one of the missing links in New York's welfare programme. Is not this a challenge to our city's stand for fair play to all members of its population?

JAMES H. HUBERT,
Executive Secretary New York Urban League.

New York, March 14.

THIS IS HEALTH WEEK.

Monaghan Urges All Citizens to Help Reduce Disease.

Health Commissioner Monaghan yesterday issued a statement calling on all citizens of New York to observe this week as Health Week. He said in part:

"It is desired that during this week every citizen will endeavor in some manner, either personally or through the aid of the various agencies interested in this important work, to accomplish something to improve his individual health, and also to assist by so doing the whole community in accomplishing this great purpose.

"It is a well-known and understood fact that spitting in public streets and in confined spaces or in subways is a very potent means of spreading disease, especially the unfortunate disease known as 'tuberculosis.'

"At this season of the year when respiratory diseases make their appearance the individual by controlling sneezing and coughing in public places and elsewhere may assist greatly in preventing the spread of these diseases. The mouth and nose should be covered when coughing and sneezing. Those who own automobiles must be particularly careful to prevent the unnecessary emanation of smoke from their various machines, thereby assisting in keeping the air pure."

MISS SEAMAN TO SPEAK AT COLORED COMMUNITY CENTER

St. Louis Edition

POUGHKEEPSIE, N. Y., Oct. 31.—Miss Josephine Gaskin Seaman will be the guest of honor and will speak Sunday afternoon at the Colored Community Christian Center, 69 Catherine street.

The meeting will be held from 4 to 5 o'clock. 11-2-23

One of the largest Bible classes in the city is being held each Thursday at the Colored Community House with 108 children in attendance.

Clubs and classes are beginning their work for the fall meeting from 1 to 6, and from 7 to 10 o'clock. In addition to the other clubs, 45 children are going to the Community House from school in the afternoon and are learning needlework, plain and fancy sewing, reed and raffia work, wax jewelry and the making of crepe paper novelties.

Health—1923. North Carolina.

NEGROES SHOWING INTEREST IN SALE

Pledges Amounting To $700 In Christmas Stamps Secured By Negroes

Negroes of Durham have already sold $700 worth of Tuberculosis Christmas seals, leaving only $300 yet to be raised before their quota of $1,000 is reached, it was learned Tuesday evening at a meeting of interested colored citizens held at the colored public library in Hayti.

That the negroes of the city are keenly interested in the sale of Christmas seals is evidenced in their ready response to the offer of the health department of the Durham Woman'e club that a full time colored tuberculosis visiting nurse would be employed if the negroes of the city saw that $1,000 worth of seals were sold. As the sale of the stamps does not officially start until the first week in December the early action of the negroes of the city is regarded as very commendable.

On of the first large purchase of Tuberculosis Christmas seals made in Durham this year is that of the North Carolina Mutual Life Insurance company, a negro organization, which pledges the purchase of $250 worth of stamps to the credit of the negro workers.

The goal for sale of stamps in Durham county, by white and colored workers combined, is $5,000. Seventy-five per cent of the money raised will be spent in Durham county for the purpose of combatting tuberculosis.

State of North Carolina To Treat Tuberculous Negroes.

Special Building For Negro Patients Opened Near State Sanatorium.

Star of Zion

A new building under the management of the State Sanatorium for the treatment of tuberculosis opened October 10th for the treatment of Negroes. The building is similar in construction to the building now occupied by the white patients and equipped with the most modern of sanatorium and hospital facilities and will accommodate forty-two patients. It is situated on a high sand knoll on the Aberdeen-Fayetteville highway about one mile from the State Sanatorium.

Charlotte, N.C.

Dr. J. W. Walker, formerly of Asheville, will be the physician in charge of the Negro building, but under the direction of the Sanatorium Staff. The laboratory and X-ray work will be done in the Sanatorium laboratory. 10-18-23

Dr. Walker is firm in his opinion that the Negro can be successfully treated for tuberculosis and his convictions are confirmed by his experiences. He has worked a number of years treating the members of his race and says that while it is a difficult job to convince the Negro that he has tuberculosis, the greatest barrier to his getting well is his financial condition. It is the exception, he says, that the Negro is able to take treatment a sufficient length of time to prevent a relapse. Dr. Chas. L. Minor and Dr. W. L. Dunn, of Asheville, who have been watching the work of Dr. Walker for several years and advising and helping him, concur in Dr. Walker's estimate of the success obtainable in the treatment of tuberculosis in the Negro.

With the provision of a special sanatorium for treating Negroes with tuberculosis, North Carolina takes her place along with Virginia, Delaware, and South Carolina, all of which provided special sanatoriums for this purpose. At a meeting of the Georgia legislature in June an act was passed providing an appropriation of $500,000 for a new state sanatorium at Alto, the present institution, with a capaciy of 100 beds to be used for Negro patients.

High Point, N. C., Enterprise

SEP 1 1923

HEALTH WORK FOR NEGROES STRESSED

North Carolina Has Attracted Wide Attention For Its Devotion to This Service

Health work among the colored people of North Carolina has attracted attention for a number of years. Particularly noteworthy has been the progress in recent years made by negroes themselves in the fight against tuberculosis. The work of Mrs. Florence C. Williams, who has labored among the people of her race in North Carolina for three years under the extension department of the state sanatorium is a single feature that has become well known.

Recently, Dr. W. T. Henshaw, state health officer of West Virginia, made the request of Dr. L. B. McBrayer, superintendent of the state sanatorium, for the loan of Florence Williams for one year, that she might help organize and set to work along health lines the colored people of that state, as she had been able to do in this state.

For the past year and during the summer months, Florence Williams has been a student at Teachers' col- public meeting of the summer seslege, Columbia university. At a public meeting the the summer session, where rural achievement was the subject discussed, Mrs. Williams told of the work that was beind done in this state by the colored people themselves for the improvement of health conditions.

Health—1923. Pennsylvania.

NOW MY IDEA IS THIS!

Talks With Thinking Philadelphians on Subjects They Know Best

PHILADELPHIA EVE LEDGER
JUNE 2, 1923

DR. HENRY M. MINTON

On Anti-Tuberculosis Work Among the Negroes of Philadelphia

NO HEALTH problem can be successfully solved which does not take into consideration every group of our complex population, and this is particularly true in regard to the battle against tuberculosis, says Dr. Henry M. Minton, clinical supervisor of the Negro Bureau of the Henry Phipps Institute.

"This work among the Negro population is exceedingly important in Philadelphia," said Dr. Minton, "because of the relatively large colored population and the intimate relationship between the white and the colored races in our community in domestic, mercantile and industrial pursuits. The present migration movement of the Negroes from the South, making more acute our housing and sanitary problems, adds to the importance of this work at this very moment.

High Negro Mortality

"All the statistical reports show that the mortality of this disease among Negroes is quite three times as great as among whites. Just how far this is due to racial peculiarities, if at all, or to economic and housing conditions, or to lack of education, especially as regards hygiene, or to lack of facilities for proper institutional care, remains an open question worthy of investigation in order to safeguard the entire community.

"Tuberculosis is a disease which is spread by contact, direct and indirect; and since the two races must associate in various domestic and business capacities, it seems imperative in the sincere effort to wipe out the great scourge that great importance be paid to means of eradicating it among a group which suffers particularly from it.

"In 1921 the Federal census showed a population of 1,823,779 whites and 134,229 Negroes in Philadelphia. The death rate from all causes among the whites was 12.46 per 100,000, and that of the Negroes 15.55 per 100,000. It is quite probable that, on account of this migration movement from the South, there has been a proportionately greater increase in the Negro population than in the white population in the last two years.

Five Years' Demonstration Needed

"The best thing that could be done under the existing circumstances and in view of the steady influx of new laborers, in the opinion of those in authority at the Henry Phipps Institute, as well as in the Philadelphia Health Council and Tuberculosis Committee, would be to spend about $25,000 a year for five years to make a demonstration of what it is possible to do for the health of the Negro population of the city through members of their own race.

"In the earlier years of the Henry Phipps Institute, Negroes suffering from tuberculous affections came for advice and treatment. It was felt that they came more or less by accident or chance, and it was soon seen that they could seldom be induced to persist in their attendance at the clinics for any reasonable length of time, and for the reason no considerable amount of progress could be made with them as individuals.

"Naturally this interfered with the possibilities of getting the best results with the colored people, and so, in 1914, a change of methods was made. In this year was adopted the principle of operating with the Negro population through the medium of selected Negro workers.

Results Very Satisfactory

"The results of this policy have been most satisfactory, as it has been possible to obtain a degree of co-operation between the colored patients and the colored physicians and social workers which had not been possible under the old method. Since its beginning the clinic has treated 2116 Negro cases up to the close of the last calendar year, and of these cases nearly one-quarter of them, 510 to be exact, were treated during the last nine months of the year 1922.

"The Whittier Center was urged to employ a Negro nurse to work as a member of the staff of the institute and agreed to do this in 1914, when the nurse was engaged. Her work at once had a marked effect for good, and so excellent were the results within a very short time that the Whittier Center has continued ever since to support a worker at the institute, and at the present time it pays for the services of three graduate Negro nurses.

"Since the year 1915 the Philadelphia Health Council and Tuberculosis Committee has augmented the staff of the Phipps Institute Negro clinic by paying the salaries of Negro physicians and nurses, and at the present time it is supporting the work of three physicians and three nurses, and is about to add one more nurse.

"The results of this general policy of working with the Negroes through trained members of their own race were so excellent that it soon became necessary to create a supply of these nurses especially trained in tuberculosis work, not only for the future work in Philadelphia, but for work in other communities which were sending to Phipps Institute for nurses for similar work. In order to do this six nurses from the Mercy Hospital have been given intensive training along these lines under the direction of the head worker of the institute, and this course has been continued as a regular part of the Mercy Hospital Training School.

"Closely following the work of the Phipps Institute, the Department of Diseases of the Chest of the Jefferson Hospital has established a Negro clinic, conducted by two colored physicians and a colored worker and supported by the Health Council. This is known as Negro Clinic No. 2.

"About two months ago Clinic No. 3 was established at Twentieth street and Ridge avenue, with a Negro physician paid by the Health Council and a worker paid by the Whittier Center. This has been done to relieve the congestion at the institute and to carry into the colored sections of the city the beneficial work of these clinics. Clinic No. 3 has been running to full capacity from almost its opening day.

Begun as an Experiment

"This work of handling colored patients suffering from tuberculosis and the allied diseases was originated at the Henry Phipps Institute as an experiment, but, as has been declared by Dr. H. R. M. Landis, it has long since passed the experimental stage and now demonstrates the fact that this is by far the best way to handle this portion of the greatest health problem.

"This work is not being done to the same extent anywhere else in the United States, but is being followed in other communities to some degree.

"The Phipps Institute and the Health Council feel that if they can obtain the appropriation necessary to make the demonstration for five years already mentioned, they will be able to send this work into other portions of the country where it is needed just as badly, and in some localities even more than it is in Philadelphia.

Could Give Scholarships

"With this appropriation they could give scholarships by means of which Negro physicians and nurses could be brought here from the South and other portions of the country and given the training which is essential for them to have in order to do this work to the best advantage. Then they could return to their own sections of the United States and train others as well as putting into actual practice the highly specialized training which they themselves have received.

"A few of these physicians and nurses would do a great deal to check tuberculosis among those of their own race to the inestimable benefit of the entire population of the country as well as of their own particular gr[illegible]."

ngestion In hiladelphia Menaces Health

City Unable Adequately to House 10,500 Migrants Who Came in Year. Fill Urgent Labor Need.

By W. Rollo Wilson

PHILADELPHIA, Pa., July 12—Migration of Southern Negroes to this city in record-breaking numbers for the year ended June 30 has given rise to a serious health menace from overcrowding and inadequate housing facilities, according to a survey of a committee representing the Armstrong Association, Travelers' Aid Society, white, Mercy Hospital and the Philadelphia Housing Association, white.

Pittsburgh Courier 7-14-23

Approximately 10,500 people or about one-third of the total number of newcomers in this city in one year, arrived here between July 1, 1922, and June 30, 1923, it is estimated.

Although high grade and filling a pressing labor need, the Negro migrants are compelled ti live in such cramped quarters, the committee reports, that there is a menace from smallpox and other infectious diseases.

Most of Migrants Employed

"It is uncertain," the committee says, "whether labor scouts for manufacturers are bringing these workers into Philadelphia in any considerable number, but the few who are making application for work through employment agencies would indicate that a large percentage of them are assured of employment before leaving the South."

Those making the survey, which continued for three months and is based on the study of 931 properties and 1282 recently arrived individuals, were John Emlen and A. L. Manly, of the Armstrong Association; Dr. Henry Minton, Mercy Hospital; Bernard J. Newman and Mrs. Marie Nelson Rowe, Philadelphia Housing Association; George H. Frazier, Travelers' Aid Society and Clarence R. White, principal of the Durham Public School.

"The migrants are not presenting an industrial problem to Philadelphia for their labor is an asset," the committee reports.

"The big outstanding problem created by the influx arise from the inadequate housing facilities and the health menace through overcrowding. Families are going into premises already occupied, either as householders in one or two rooms or as lodgers.

"A spot map giving locations of these families shows an overwhelming majority between Girard and Washington avenues, from the Delaware to the Schuylkill, with others in race centers in West Philadelphia, Germantown and West Philadelphia. In the middle city area, where multiple occupancy is more prevalent than elsewhere in Philadelphia many of these newcomers have been taken into houses already overcrowded.

Sixteen Live in One Room

"One four-room house was found occupied by four new families, one family consisting of a man, his wife and six children. Another six-room house was found with five families and within two weeks the house next door, which had been occupied by one family, had increased to three-family occupancy.

"Above a small West Philadelphia garage a migrant woman rented a single room for herself an adopted son, three married children and their grandchildren, making a total of sixteen persons. The house has neither yard nor toilet, and filth and waste are thrown into an open lot adjoining. In many of the houses thus converted to multiple occupancy the sanitary equipment is substandard and does not comply with the housing laws.

"Besides the moral hazard of such overcrowding there is a great hazard to individual health and to the health of the entire city. No better evidence is needed to show the persistent menace from such overcrowding than the almost superhuman efforts which the Division of Medical Inspection of the Bureau of Health has put forth to prevent the development of a smallpox epidemic threatened by the recurrence of smallpox cases among colored migrants in overcrowded and insanitary houses.

"Within seven months the medical inspectors have been obliged to quarantine forty-two different districts and to vaccinate every unvaccinated resident. Every one of the small pox cases found in these districts was a Negro recently come from the South. In one house, occupied by [illegible] thirty-eight recent arrivals seven [illegible]s were found.

UBERCULOSIS DEATH RATE SHOWS DECLINE IN PHILA.

PHILADELPHIA PA N. AMER
OCTOBER 2, 1923

Drops From First to Fourth Place Among Diseases in Mortality List; City Ranks Second

During the last ten years tuberculosis has dropped from first to fourth place as the cause of death in this city, according to figures made public yesterday by the Philadelphia health council and tuberculosis committee. The new statistical department of the health council is the first of its kind organized in this city and is maintained to gather accurate data regarding tuberculosis and the forces engaged in combating it.

The decided decrease in deaths from this disease is largely due to the efforts of public and private health agencies to stamp out consumption, according to Miss Dorothy Wheeler, in charge of the new department. Diseases of the heart and kidneys and pneumonia are the three chief causes of deaths here.

Altho Philadelphia's death rate from tuberculosis has been reduced by constant work in fighting the disease, this city has still the second highest mortality list of large cities in the country. Only Baltimore leads this city in its tuberculosis mortality rate.

The presence of a large negro popula- ...d largely ...umber of ... The death ...nd a half ...hat among ... contended, ... of a large ... necessarily bring a hig... from this source, as St. L... with a higher percentage of ... nts than Philadelphia, has ... eath foll from the dread disea...

There are at ... more than 20,000 active cases of tu... losis here. These figures are based on the Framingham demonstration, which indicates there are nine active cases for each death. There are approximately 100 sanitarium and hospital beds available for Philadelphia tuberculosis patients. According to minimum standards, there should be 2300 beds. There is an immediate need for 500 additional beds for advanced cases and 150 beds for children, the report states.

AUG 10-023

NEGRO CONGESTION IN THE NORTH.

Philadelphia city officials have discovered a condition, following the exodus of a vast number of negroes from the south, that not only displeases them but frightens them as well. Negro congestion in industrial Philadelphia has presented an actual menace of disease with which the health department is now struggling without any promise of immediate success. Unsuited housing conditions are responsible, it is said. More negroes than there are houses to accommodate them, and Philadelphia has the undesirable situation which in time may be experienced by other northern and eastern cities.

The negroes in Philadelphia are liivng in the tenement districts, where efforts are being made by the health officers to enforce legal requirements in regard to plumbing and asnitary conditons. Dr. Norman H. Taylor, acting director of health, made a statement to the effect that "the situation is entirely out of the control of our present force." He also said: "Overcrowded conditions in various parts of the town create a serious danger from the public health standpoint. It has been with difficulty during the past year that the spread of smallpox has been checked in these sections. Should an epidemic of any sort brea kout in crowded districts the problem of dealing with it would be overwhelming."

The southern negroes who have gone to the eastern and northern cities, attracted by better pay in factories and shops, evidently have settled in groups. Away from home the negro is likely to follow as much as possible the plan of colonization. Congestion might result from the desire of the southern negroes to remain together as from insufficient housing conditions.

Whatever the basic cause of undesirable conditions in northern cities to which negroes have emigrated in large numbers it can be seen that an unsatisfactory situation is presented. The industrialists who gave the negroes jobs seem to have gone no further in providing for them, but have left the responsibility at the door of others.—Dawson New-

PHILADELPHIA EVE LEDGER
DECEMBER 17, 1923

NEGRO WELFARE PLANNED

Physicians and Ministers Discuss Improvement at Chester Co. Meeting

Ways and means of improving health conditions among the Negro residents of Delaware and Chester Counties were discussed yesterday by almost 300 Negro physicians and ministers, who celebrated Health and Child Welfare Day at the Catyney State Normal School, Chester County.

Speakers were: L. T. Hill, principal; Dr. Charles A, Lewis, a Philadelphia tuberculosis specialist; Misses Florence G. Beck and May F. Brown, instructors, and Miss Catherine Prichett, director of nutrition, State Department of Public Instruction.

Health—1923. South Carolina.

Greenville, S. C., News

SEP 1923

NEGRO CITIZENSHIP ADVANCING.

The negro citizenship of Greenville is far above the average for the country and local leaders of the negro race are working diligently and intelligently in an effort to keep it growing better all the time. It is pleasing to note that their efforts are meeting wih success.

It will be remembered that a National Negro Clean-Up Week was observed throughout the United States last April. The News made editorial comment upon it at the time, suggesting that the Greenville colored population enter whole-heartedly into the movement and that the white citizens give such assistance as might be accepted. The result of the work was highly pleasing and better than was anticipated, for when banners were awarded to the cities making the best records during the week Greenville was one of the three cities to re- e one. Indianapolis and Atlanta received other two. The awards were made at Lit- ock, Arkansas, last week and given nation publicity.

National Negro Clean-Up Week is a thing and should be an annual event. It will not only make better and more interested citizens of all who take part in it, but it wi'l assist in impressing upon their minds the important fact that self-help is the best of all help and that no sound and lasting benefit can be brought about without it. Living conditions and school facilities for negroes have never been as good as they should have been. Everybody knows that. But from the time of the War Between the States until very recently the same thing could be truthfully said of the conditions of the Southern white people. It has been a long, hard pull but at last the dawning of a better day and prosperous era has arrived and the South is about to receive its just reward. It was but natural and proper that during these years of upbuilding the white people should endeavor to take care of themselves and educate their own children first of all, giving to the negro such assistance as was possible from meagre appropriations. But now that the South has successfully passed through the wilderness and is able to provide liberally for the education of its white children it is willing and anxious to provide for its colored children too. South Carolina has already begun to make more liberal appropriations for colored schools and expects to do more and more as the wealth of the state will permit. South Carolina is fortunate that the negroes of this state have among them several of the most able and intelligent colored leaders in the world and they have done heroic service in keeping their people in the right paths and leading them into better ones. It seems to The News that there is every reason to believe that from now on colored citizens in this state will advance as rapidly as those anywhere else and that the good relations between the white and negro races in South Carolina will grow better and better as the years go by.

The News wishes especially to congratulate the colored peopl of Greenville on the fine showing they made during clean-up week, feels confident that they will repeat next

Health — 1923. Tennessee.

SANITARY CONDITION OF NEGROES REVIEWED.

Story of Physician Reveals Startling Facts.

Christian Index

"Crowded conditions among Negroes are incubators of crime," said Dr. M. H. Coleman, Negro woman physician, who addressed the Race Conference which met in the Social-Religious building at Peabody College Monday evening.

Dr. Coleman, who is a graduate of Meharry Medical College, and is a health officer of the state Anti-Tuberculosis Society, is devoting all her time to fighting tuberculosis among Negroes.

Jackson, Tenn.

"Improvements of sanitary conditions among Negroes is of the greatest importance to the white race," said Dr. Coleman. "If your washerwomen, cooks and nurses live in houses that are breeding places of disease germs, your own homes are by no means safe."

Aug. 31, 1923

In making a survey of Negro homes, Dr. Coleman asserts she has found families of from eight to twelve members living in two rooms. It is impossible, she maintains, to cultivate high ideals in such conditions. She described Negro tenements as dark, ill-ventilated and often filthy.

August 30 1923

"Our people need bathrooms," said Dr. Coleman. "When your cook is grouchy and hard to get along with, she probably needs a good refreshing bath. Good bathing facilities in Negro homes might help to solve the servant problem for you. Health and morals go together."

The fact that the death rate is higher among Negroes according to Dr. Coleman, is probably due to the fact that, unscreened eating houses, barber shops where a barber is a disease-carrier, and tenement houses and detention farms where unsanitary conditions prevail, tend to lower the resistance of the Negro and make him an easy prey to disease.

"When we have decent houses with adequate ventilation and better sanitation, tuberculosis will take care of itself," Dr. Coleman asserted.

The Race Conferences this summer are being well attended, and more people came out to hear Dr. Coleman than have ever gathered at any previous Race Conference at Peabody.

—Nashville Tennessean.

Health – 1923

Texas.

FEDERATED CLUBS RAISE FUND FOR TUBERCULAR WORK.

Dallas Morning News Texas

2-17-23

$600 For Pay of Full Time Nurse For Work Among Negroes is Guaranteed by Dallas Business Men at Request of Ladies.

Following the adoption of a resolution providing for the examination of all domestic help for tuberculosis by the Dallas Tuberculosis Association and the recommendation that a graduate nurse for Negroes for full time be engaged, the Federation of Colored Womens clubs began a movement for the raising of funds sufficient to pay one-half of the salary of the nurse.

The movement was highly successful and the club has already presented its pledge for $600 to the Dallas Tuberculosis Association.

It is planned that regular clinics will be held twice weekly and that the nurse, Mrs. McCall who now is in charge of the Baby Clinic which is being maintained by the Dallas Welfare Council, will work at full time under the Tuberculosis association, among Negroes. Her work will include regular lectures to schools, lodges, churches, etc., on the prevention of the disease, help in all clinics and visits to homes in which tuberculosis is reported. Clinics now are being held at the Morgan-Trotter Sanitarium. These will be continued. The work will be continued. The work will be directed solely toward the decrease of the disease among Negroes.

The $600 which has been raised was pledged by local insurance companies and professional men of the city. The following statement circulated by representatives of the Federation raised the sum in an hour of canvass:

Whereas, tuberculosis is very prevalent among Negroes in Dallas, and their death rate from this disease is quite high, and,

Whereas, the City and County of Dallas have established a Tuberculosis Hospital for our people where those afflicted can go and receive proper treatment, and,

Whereas, the Dallas Tuberculosis Society has recommended that a full time Negro nurse be engaged by the Association to work among our people, provided we pay one-half of the salary of such a nurse.

Therefore, we, the undersigned, in order to assist in this work of educating our people along lines of cure and prevention, do hereby subscribe the amount shown opposite our respective names for the purpose of employing a trained nurse to visit the homes of members of our race where tuberculosis is reported and to give such assistance and advice along lines of cure and prevention as is deemed necessary. Said nurse to work in harmony with attending physician and under the supervision and direction of the Dallas Tuberculosis Society.

The following companies and professional men pledged themselves to a total of $600:

Excelsior Mutual Benefit Association, 104 Pythian Temple.

Dr. R. T. Hamilton, 214 Pythian Temple.

Lone Star Mutual, 818 Good.

Eagle Mutual, Pythian Temple.

Mississippi Life Insurance Co., Pythian Temple.

Golden Chain Fraternity, Pythian Temple.

Dr. C. L. Morgan, Morgan-Trotter Sanitarium, Boll street.

Progressive Mutual Insurance Co., Jackson street.

The work among Negroes will begin at once and is is hoped that by this means the disease and death rate from it, which is highest among Negroes, may be substantially decreased.

HEALTH IN DALLAS.

The Dallas Texas Express

2-25-23

We are in receipt of the First annual report of the Health Department of the city of Dallas, a carefully compiled digest of the findings of the department for the year ending December 31, 1921.

Many interesting facts concerning the precautions which are being taken to safeguard the health of the citizens and to lower the general death rate are found in it, together with statistics in proof of the facts as set forth. And many conditions, probably hitherto suspected but not definitely known, are brought to light by it. For instance, it tells us that, 3365 cases of communicable disease were discovered and 1691 venereal cases which did not a physician or which the attending physician did not report; that 28 persons were found guilty of unsanitary handling of foods and that only 8.3 per cent of the homes in Dallas have dry closets, a condition in which Dallas leads all other Texas cities of her size.

We are further told that the Garbage Removal Department has been so reorganized that no refuse or rubbish in any part of the city remains more than seven days before removal, and that the Sanitary Department controls the malaria mosquito by the regular inspection and oiling of 73 miles of streams in the city.

But of more importance than all of its pronouncements to us are these; that **the death rate from tuberculosis among Negroes is relatively six times that among whites and from syphillis, seven times as great.**

The total number of Negro deaths was 416 of which thirteen were from syphillis and 62 from all forms of tuberculosis. The total Negro population in this report is 24,000. The deaths among the whites from these same diseases were listed as thirteen from syphillis and 50 from all forms of tuberculosis.

These facts are alarming. They rightly should cause much concern and that concern should resolve itself into action.

Disease and death from preventable disease are criminal. And such an alarming number among Negroes as is shown by these statistics appeals to all who are familiar with the operation of the health department as unnecessary.

Physical examinations may be had free in the case of tuberculosis and venereal disease. The city of Dallas has established a ward for Negro tubercular patients at Woodlawn hospital where treatment and the most sanitary of accomodations may be obtained without cost. A nurse employed by the Dallas Tuberculosis Association is at the command of the public at all times and clinics are held regularly at the Morgan-Trotter Sanitarium. **These are facilities for keeping healthy and for regaining health which our people enjoy in exceedingly few cities in the South. But these agencies cannot operate efficiently of they are not assisted by the public in every possible way.**

It cannot be said that the city of Dallas does not provide for maintaining a high degree of public health and a low death rate. But these figures in regard to the Negro death rate do argue that we are not doing all in our power to help the agencies to help us.

We realize that much of our sickness and death is due to ignorance. But it is also true that among us there are enough of those who are really iformed to aid in increasing the knowledge of the masses in this regard.

Too many Negroes not only in Dallas, but everywhere in the South are continually ill. Too many of them die needlessly. This sickness and these deaths cost many millions annually. These millions are wasted and no sane person can argue that as a race we are rich enough to waste anything.

The facts as disclosed by this report of the Health Department should prove highly beneficial for the reason that they prove Dallas efficient in seeking to maintain the health of her citizens and at the same time give to the citizens and idea of how much the result of these efforts of the city depend upon their cooperation for success.

WORK OF T. B. ASSOCIATION AMONG NEGROES MAKES PROGRESS.

According to the report of Miss Esther Ruth Loving, regular nurse employed by the Dallas Tuberculosis Association for work among Negroes, the progress being made is commendable. Working for several days in the interest of the Community Chest Drive, she was able also to acquaint many with the work of the Association. An increase is noted in the number of patients examined and observed and of those who are taking advantage of the facilities of Woodland Hospital.

Her report is as follows:

"The month of November has been interesting, seven days of which I spent the greater part of my time soliciting for the Community Chest. I was assigned the district east of the Fair Grounds for four days, during which time I got subscriptions for $215.00, however, the people only subscribed $2.00 each, during my whole work east of the Fair Grounds I found three persons who subscribed $5.00 and, in Oak Cliff I was not able to get an individual to subscribe $5.00, the $114.00 was given in two dollar subscriptions. I was able to acquaint the people in these neighborhoods with the tuberculosis work while going from house to house.

During this month I visited two churches, two clubs, Ninth Ward school, and the Mississippi Life Ins. Company's annual meeting, and at each place I delivered a lecture on Tuberculosis which seemed to be well taken in.

We hope to organize a health class in Ninth Ward School in Oak Cliff, the teachers, parents and students are anxious for it. We hope to start to work as soon as we get permission from the Board of Education to do so.

This month three patients have been admitted to Woodlawn hospital. I have 28 active home cases and 9 new Clinic cases. I feel that the work is growing and that continuous working will make the clinic a success, however, the patients are still refusing to go to Woodlawn because the mixing up of advanced and early stages of Tuberculosis.

STATISTICAL REPORT

Clinics Held—	Old	New	Total
Cases Positive	2	3	5
Cases Suspicious	4	5	9
Cases Negative	3	0	3
Cases Arrested	0	0	0
Total	9	8	17
Adults Examined or Re-examined			31
New Cases to Clinic and Home			16
Field Work—			
Children Clinic Held			0
Children to Clinic			4
Children Examined or Re-examined			4
Calls on Children			8
Talks to Children			0
Health Classes			0
Children Seen (School)			375
Literature			19
Referred to—			
Dental Clinic			0
General Clinic			1
City Physician			0
City Lab.			10
United Charities			1
Admitted to—			
Woodlawn			3

Health — 1923

Virginia.

Things That Retard Growth of Negro Population

Norfolk
Journal and Guide

Editor Journal and Guide,

Sir: I wish to state thru the medium of your paper what I consider to be among the causes operating powerfully to produce the steady falling off in the increase in Negro population, referred to in your editorial comment as due in a measure to the delinquency of the census takers. It appears if we examine closely the facts in the case, that the causes spring from a source deeper than the one referred to, as failure on the part of the census takers in making the proper canvass of the colored people in the crowded sections of many of our large cities. 3/17/23

It was thought after the Civil War that the race problem would be settled by Tuberculosis and that the colored race would be killed out by the disease. But through health education and sanitary living the death rate from tuberculosis has been cut practically in two, and those who expected solved in that way, have been doomed to disappointment.

If we take the figures running over three or four months, from the city of Norfolk, regarding births an deaths of white and colored, we ma be able to gain some light on the sub ject. For what is true of Norfolk i that line is probably true of mos cities where white and colored dwel together.

In November there were 149 white births as against 102 colored, while the death rate stood 8.1 per thousand for white and 11.5 per thousand for colored; in December, the white births were 132 as compared with 93 for colored, while the death rate for white per thousand was 8.9 and for colored 17.7 per thousand or nearly double that of the whites; the month of January showed 160 births for white and 110 colored births, the death rate being 8.1 per thousand for white and 17.0 per thousand for colored; in February we have a record of 144 for white in births and 95 for colored, the death rate for the same month being 9.0 white per thousand, colored being 16.2 per thousand.

Summing up the figures here presented, we have an excess of births of white over colored of 185 and an excess in the death rate of colored over white of 28.3 per thousand.

Thus, we see the white births exceeding the colored births and the colored death rate exceeding the white death rate. We cannot consistently deny that a knowledge of these conditions is indispensable in determining the matter of increase and decrease in the respective populations concerned.

If we look still further into the facts we will discover that in late years there has been a great dropping off in the number of large colored families, while on the other hand there is the tendency among white people to have large families.

The thought comes, are colored women in the married state having as many children as white women in the maried state? From the survey we have just made, the indications are that they are not. The race must lose in its increase in proportion as this condition continues. There is among the colored race a certain class of men in whom there is a lack of that development necessary to responsible home building, which usually results in adding to the numerical strength of the race.

It is this element which is raising its head to defeat the gain in increase of Negro population, by refusing to support their wives, and not hesitating to desert them when they are sick or unable to work for them. These, I believe, are vital factors that retard the progress of Negro population.

To those to whom is committed by virtue of their position the noble task of leadership in the community, the preachers, the teachers and the press, devolves the responsibility of correcting the evils affecting the social status of the race. Once their attention is called to it, there is no doubt they will do well their work.

W. J. SCOTT.

Norfolk, Va.

NEWPORT NEWS VA HERALD
APRIL 12, 1923

DR. RANSONE TALKS TO COLORED STUDENTS; HEALTH

The need of cleanliness of premises for the better care of the body and general health, were emphasized by Dr. C. B. Ransone in addresses to two groups of students of the colored high school here yesterday. Dr. Ransone delivered his address as a part of the preliminary work of the committee of the Chamber of Commerce and Woman's Club which is conducting a clean-up week here during next week. The addresses were enthusiasticially received.

The health officer emphasized the necessity for keeping premises clean all the year round as well as during Clean-up Week.

URBANA, VA., S. S. SENTINEL
APRIL 20, 1923

The complete report of marriages in Virginia for 1922 gives a total of 23,026, the lowest record during six years. White marriages being 205 less than 1921, while colored marriages were only 53 less than the previous year. The more costly mode of living, finer homes, expensive clothing, automobiles and amusements are some of the reasons given for the falling off of marriages, man being reluctant to invite the woman of his choice to deny herself these comforts and share, with him, the lack of them. Higher education, business courses and a larger field opened up for women's work are also attributed big factors in the postponement of marriage. Dr. W. A. Plecker, State Registrar, offers the following advice to the young folk:

"Both parties should show more of a sporting spirit, and, when satisfied that the choice is good, take some chance on the future. She should not demand as a prerequisite that he have a ready-made home simply awaiting her arrival, neither should she demand that his professional or business hopes and ambitions be fully attained. It takes time to accomplish these things."

Norfolk's Death Rate Lowest In The History of the City

Declines From 31.6 A Thousand Per Annum To 15.1 In Ten Years

Norfolk Virginian-Pilot 12-29-23

The death rate of the colored population of Norfolk, altho yet considerably higher that that of the white people, reached the lowest level in the history of the city during the year 1923. The general state of health of the people showed a marked improvement during the year ending over previous years, according to statements made by Dr. P. S. Schenck, Director of Public Welfare, based upon accurate records on file with the city health department of which Dr. Schenck is the head.

There were no epidemics, no spread of contagion and the steady decline in the death rate of the colored citizens of this city and the general improvement of health conditions among them over a period of ten years is a matter in which the health department takes considerable pride.

In discussing the health situation in Norfolk as it pertains to the colored people, Dr. Schenck referred to his records with an enthusiasm not dissimilar to that evinced by a father when he sees his family growing up in the enjoyment of sound and healthy bodies. The facts disclosed by these records are such as to give to every Negro in this city a "pride of feeling." They reveal that ten years ago the death rate per thousand per annum among the colored people of Norfolk was 31.3. That is to say, that of every thousand of them in the city 31 died each year. In 1922 the rate had decreased to 16.3 per thousand per annum, a reduction of almost 50 per cent. The year 1923 shows the mortality rate to be 15.1, half of what it was in 1912. These are striking figures when viewed in the following manner: If the mortality rate of Negroes in Norfolk had been as high in 1923, when the race population is 57,000; as it was a decade ago, 450 more colored people would have died in this city during the year closing than actually did die.

A decrease in the death rate from 31.3 to 16.3 in a ten year period netted a saving to the city of Norfolk of 450 lives over the year of 1923. There has been a corresponding decrease in deaths per average year since 1912, which means that in the last decade, it is safe to estimate, between 3,000 and 4,000 lives of colored people have been saved; or in other words there are between 3,000 and 4,000 colored people living in Norfolk at the close of 1923, who would have been dead if the mortality rate had not been reduced to the 15.1 per thousand per year rate which 1923 closes with, lowest death rate colored Norfolk has had in its history.

Decline in Specific Cases

Deaths from diseases which annually boost the national mortality rate were materially reduced in Norfolk during the last ten years and the year closing shows an even further decrease in this respect. For instance, in 1912, 347 colored babies out of every thousand born in Norfolk died under one year old. In other words, nearly one-half of the Negro babies born in this city up to and during 1912 died before becoming 12 months old. The year 1922 showed this rate to have been reduced to 141 out out of every thousand born, and

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materially below this figure. I
striking to note, that in a sin
decade science and education h
made it possible for nearly three
times as many infants to live as
allowed in 1912.

The typhoid fever scourge has been practically eliminated in this city. In the same period it has declined from a 32.9 rate to a 6.3, which is exactly equal with both the white and colored race.

Tuberculosis, the most unyielding life reaper known to mankind, and a popular enemy to the race, has been checked in its ravages. In a decade its toll has been cut two-thirds. In 1912 out of every thousand deaths of colored people in Norfolk, 479.9 were caused by consumption. 1923 closes with the rate a fraction below 179.

There has been no spread of contagion nor epidemic during the year and the close of 1923 finds Norfolk colored people's life expectancy comparing more favorably with that of the white people than any time since the two races have lived side by side in this city.

(Activities of Health Bureau)

It is realized and appreciated that Norfolk has as fine a health department as there is to be found in the Middle Atlantic cities, and that no inconsiderable portion of credit for the high health standard and low mortality among the people of this city is due to the activities of this department, whose program includes a more rigid enforcement of the sanitary laws closer inspection of vacant areas toilets, backyards, areways; the establishment of clinics, out-door nursing in pre-natal cases and communicable diseases; the transferring of the emphasis from combative to preventative treatment; extermination of the mosquito and numerous other phases of health conservation. However, Dr. Schenck is reluctant to concede to his department much credit for the high health standards manifested among the colored people. Instead, he is outspoken in bestowing the praise for this pleasant condition upon the colored people themselves.

When asked directly what to his mind had contributed most largely to the present sharp decrease of mortality among Norfolk's Negroes he replied at once, "Education among Negroes themselves, and maybe some credit is due to the activities of the public health bureau." In support of the first part of his statement, Dr. Schenck cited from personal observation gained thru a life time in Norfolk and especially thru more than twenty-five years of medical actice here. He said that when h first began to practice medicine in Norfolk many years ago he had a very large colored clientile. In those days, said Dr. Schenck, it was an entirely familiar sight to see colored families of many persons living huddled in a single room, in the most dilapidated houses, where sanitation and hygiene were totally unknown. It was easy then, said the doctor, to tell whether a person was white or colored from his or her general appearance on the streets even before seeing their faces. Not so now, said he, if you should see a Norfolk church dismiss its congregation today and you were not near enough to see the faces of the people, you positively would not be able to tell whether it was a white or colored congregation, providing you had to judge by the general appearance of the people. Neatness, tidiness cleanliness; the desire for better homes, better sanitation, etc., is just as much in evidence among the average colored group today as it is among the average white group, and it is this yearning and striving for better and better living conditions among Negroes that has aided so materially in cutting down their death rate.

Much To Be Done

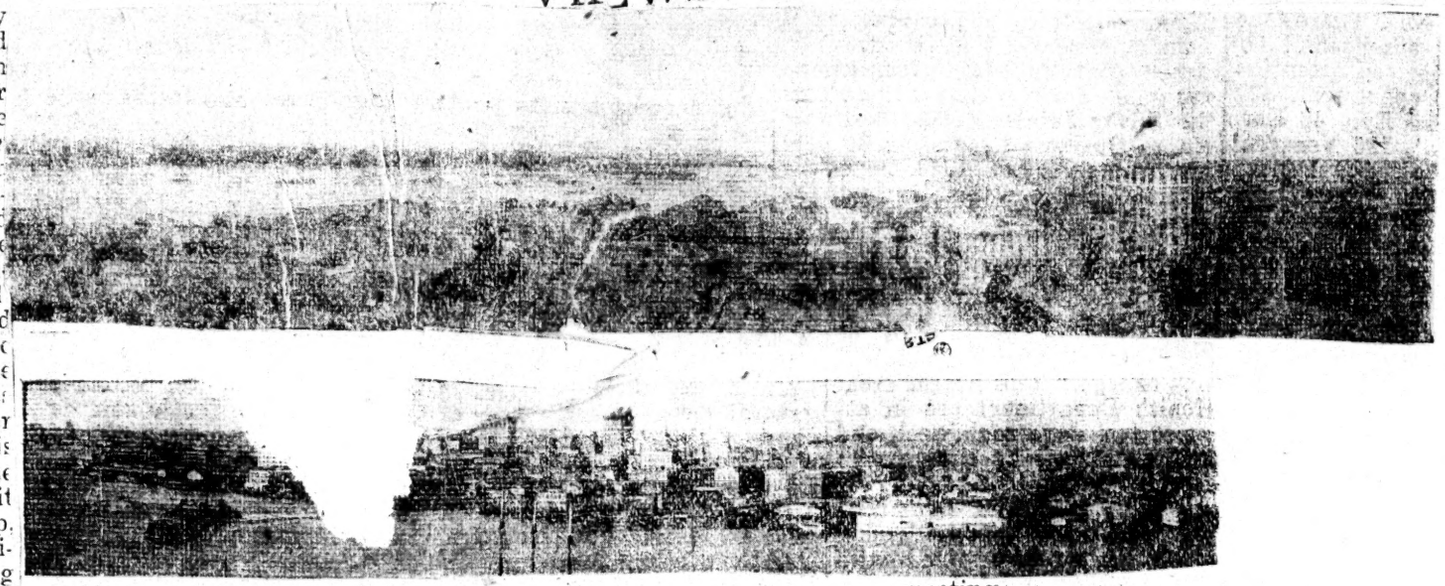
The Director of Public Welfare admits that there is much yet to be done in the way of education looking toward conserving the health of the Negro and to give him as long a life expectancy as the white race enjoys, but said he, "We must not only get the Negro out of the alley, but we must also get the alley out of the Negro." What he meant to convey by this assertion is that if the Negro is educated to desire and demand a higher and better life than that of the "alley cast off" he will rise to his desires; he will get out of the alley thru a natural impulsion and the alley itself will become extinct. extinct.

Another interesting phase of public health work in Norfolk is that in the employ of the health department are several colored nurses. Dr. Schenck says that the idea of putting these women on the field work was to endeavor to get the best results in dealing with the sick among the colored poor people. In pre-natal cases and practically all other cases Dr. Schenck says that he has learned that the colored people will more readily take into their confidence a nurse of their own race.

There is the greatest amount of co-operation among the white and colored nurses in the department says the doctor, and in case one of the colored field nurses should desire a consultation with the head nurse it is readily granted. This system has made for great efficiency and the work of the nurses among the colored people is worthy of the highest commendation, according to the Director of Public Welfare.

Dr. Schenck believes that the year 1924 will show even a greater improvement in health standards among Norfolk Negroes and a more marked decrease in the mortality rate from all diseases.

VIEWS OF NORFOLK HARBOR



nior Commander P. A. J. Post V. F. W.

Mr. George Halstead, who was chairman of the committee on colors for the Prince Algernon Johnson Post No. 1076, Veterans of Foreign Wars, after making a splendid success in raising funds to purchase colors for the post, was elected Senior Commander at a recent meeting.

The Prince Algernon Johnson Post of Veterans of Foreign Wars was organized here during the Grand Encampment which was held in his city in August. The membership of the organization has grown from 20 to 110 veterans.

It is an organization that holds much promise for racial development. It will ever keep alive and cherish the principles for which the American Negro soldier made the sacrifice in all of the country's foreign wars. Meetings are held every first and third Thursday night in the month at Redmen's Hall.

Health — 1923. Alabama.

Montgomery, Ala., Advertiser

JUL 13 1923

NEGRO REQUESTS BETTER SCAVENGER SERVICE.

Montgomery, Ala., June 30, 1923.

Editor The Advertiser:

I am writing you to see if I can get you to give me a little space in your paper that would help us get a little service from the city's scavenger system. We get service about twice every three months. The city has about 8,000 cans placed in the city, so I have been informed, charge $1.50 a quarter or $6 a year. The health of my people is in danger and I am not asking for something that we are not paying for. I am not asking for this as a citizen, for though I have lived up to all of the requirements, I am colored. However, I am thanking you in advance for your interest in a human being.

Yours truly,
HUMAN BEING.

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FEDERAL AID FOR ALA HEALTH WORK

INTERNATIONAL BOARD APPROPRIATES $37,000 TO AID IN CARRYING ON WORK IN STATE

FINANCE HOOKWORM STUDY

Contribution Will Be Used for Malaria and Typhoid Control and for County Organization Work.

The international health board has contributed $37,000 to public health work in Alabama for the calendar year 1024, according to announcement by Dr. S. W. Welch, state health officer, following a conference with Dr. F. F. Russell, head of the international health board, and Dr. John A. Ferrell, who heads the public health work of the board in the United States. The donation was made possible by a recent legislative action in appropriating sums sufficient to allow the state to carry on the work of county organization, Dr. Welch stated. The sum contributed will be used for malaria and typhoid control and the state laboratory.

In addition to this contribution the international health board will finance a study of hookworm distribution and methods of control, to be made by Dr. W. G. Smiley, county health officer of Covington county, who has already made original investigations along this line. He will be furnished the means of carrying on this investigation over a period of several years.

HOOKWORM DISEASE LABORATORY OPENS

Extensive Research Work is Begun in New Institution at Andalusia

ANDALUSIA, ALA., Nov. 18.—Special to The Advertiser.—All the laboratory equipment has been received and installed by the field research laboratory of the Rockefeller Foundation, with headquarters at Andalusia, and work has begun by this investigative unit on the subject of hook worm disease, exclusively, it was announced today by Dr. Augustine, who is directly in charge of this unit. This is one of three such laboratories in the United States. Assisting Dr. Augustine is Miss Gertrude Barrier, who is skilled in this line of work.

The foundation is expecting to expend between $5,000 and $10,000 annually at this laboratory. Dr. Augustine took over a small two-room house on Carlton street and one of the most fully equipped laboratories of its kind anywhere has been installed there. The house has also been repaider and the work that is being done will be enlightening to anyone.

Of chief interest in this territory will be the investigation on the relation of the soil with the hook worm disease which is more prevalent hereabout than in the black and limestone soils. It is generally conceded that sandy soils are more fruitful for the young hook worms while in the soil, but why? This is going to be found out in this research laboratory. Another vexing question is, how many of these worms are required to do a child or adult serious harm? This is also being found out by tests.

This laboratory will reach out into the entire state and parts of Georgia and probably the Mississippi delta.

NOV 30 1923

HEALTH CONDITIONS AMONG THE NEGROES

Birmingham, Ala., Nov. 30.—(By Associated Press.)—Heavy economic loss of the South due to the high rate of sickness and death among Negroes was stressed by Dr. Robert R. Moton, principal of Tuskegee Institute, in an address at the dedication of the Tuggle Institute hospital here Thursday.

"It is estimated that 100,000 Negro workers in the South can be found sick every day," said Dr. Moton. "At the very lowest estimate this means that the race is losing in earning capacity nearly $50,000,000 every year by sickness alone. In the race as a whole nearly half a million persons can be found sick every day in the year. When you add the cost of doctors' bills and medicine to the loss of earnings due to the same cause, we find that sickness is costing the race more than $75,000,000 a year."

Dr. Moton declared that whatever helps to reduce sickness among Negroes and reduces the death rate among them is an advantage to the South, both physically and economically. Owing to the large number of Negroes employed in white homes, the Tuskegee principal said that the health of the white race was vitally dependent upon that of the Negro.

Health—1923

Arkansas.

Corner Stone For Bath House, Laid

Savannah Tribune 2-8-23

Hot Springs, Ark., Feb. 7 (Preston News Service)—More than two thousand people witnessed the corner stone laying of the Pythian Bath house and Sanitarium here last Wednesday, which is being erected at a cost of $400,000by the Knights of Pythias. The dedicatory address was delivered by Col. Roscoe Simmons of Chicago. Supreme Chancellor S. W. Green of New Orleans also delivered a masterful address.

"The races must talk to each other and not about each other," said Col. Simons. "I like to talk to the white man. I make the same speech in Arkansas that I make in New York or Boston. Instead of our white friends trying to enforce an amendment to the federal constitution which makes lawbreakers, let them use the same energy in making a law which will stop the taking of human life. Instead of 'thou shalt not drink,' let it be 'thou shalt not unlawfully take human life or destroy property,' and make it good and strong."

John L. Webb also delivered a short talk. It is said that when completed this structure will be one of the most beautiful monuments to Negro thrift and cooperation in America.

Health—1923

Alabama

MINISTERS VOTE TO CO-OPERATE ON HEALTH PROGRAM.

Birmingham Reporter 1/20/23

The death rate of the Negro people is greater than that of any other race in the South, as a general proposition it is greater. Negroes are dying too fast. The causes for this calamity are numerous and are known to most of us. The one that is the feeder to all others is ignorance, followed by reckless living, poorly kept homes, filthy streets and avenues, children undernourished and improperly fed, poor housing conditions carried on by extravagant landlords and unwise tenants.

The medical profession of the Negro race in this district has agreed to talk to the ministers at their regular alliances and conferences on the subject of health. The ministers in their meetings Tuesday endorsed the idea of offering their co-operation and support to our professional men. This, in our opinion, is going to mean much in the support of a program looking forward to better health among Negroes. The minister will hear words and understand principles that he may impart to his congregation in a manner that will bring about results that he could not otherwise conceive of. The doctor will be helped for the reason he will be in contact with the man who reaches a large mass life of our people and in that way he becomes acquainted with the men that he should know intimately and friendly, and being acquainted with the minister, he becomes indirectly associated with a congregation and a people who is waiting and longing for knowledge, praying for an open door of understanding and a sensible program for the upward way along the lines of our advanced civilization. It must be understood that this will be no easy task and is going to be one of tremendous responsibility if we are going to make bare the evil tendencies and the carelessness so generously practiced by our people. Some exposures must be made at times of the careless and reckless landlord whose eyes are full of money and whose attention has never been turned to man as God's choicest creation whose happiness and comfort he should be interested in. We can live longer; we can live better; we can live more comfortably, and can do it all with our present income and from that have a saving.

The ministers must be congratulated for accepting what might be considered new duties and responsibilities, and yet without their co-operation the task would be more burdensome and almost without success, but with their continued co-operation the program to help in this direction cannot fail and must be successful.

NEGRO CHILDREN EXCEL, SAY HEALTH AUTHORITIES

Baltimore Herald 2-7-23

Birmingham, Ala., Jan. 25.—According to a recent official report of the Health Department of Birmingham, Ala., Negro children show a healthier condition than the whites. The Birmingham Reporter carries the following: "Total number of children examined at the 14 health centers was—1,254 white and 499 Negroes.

In almost every case of defectiveness the percentage of Negro children is less than that of the whites, the report shows.

"White children as a rule are supposed to get better food to eat in their homes than the little Negro children, but the report shows differently.

"A test of birth registration also shows Negroes are much better about reporting births than the whites. Negroes have led in birth registration for the last three years the report shows, the figfiures for 1922 being 93.9 per cent. of white and 98.8 per cent. of Negroes.

NEGRO CONFERENCES ENDORSE HEALTH PROGRAM

Birmingham Reporter 1/20/23

Both conferences, the Methodist Ministerial Alliance and the Baptist Ministers' Union endorsed the idea in their meeting Tuesday of listening to addresses from physicians and surgeons dentists and lawyers. The physicians and dentists discussing subjects pertaining to health and the lawyers on matters regarding civic conditions. The program will be continued and it is believed that in this manner of co-operation the professional man, the minister and layman will have equal benefits. It is hoped that the Doctors will in their meeting arrange so that these men will meet the conferences every week or at least twice a month when it is convenient to them and the ministers. There is an aggregate of thirty-seven physicians, lawyers and dentists in the district and there could hardly be any strain or overburden in carrying out a program of this nature.

NEGROES COOPERATE IN TUBERCULAR WORK

Montgomery Adv. 1/23/23

The Christmas seal sale of the Anti-Tuberculosis League reports the gratifying cooperation given by many of the colored citizens of Montgomery.

Rev. Charles J. Stanley, pastor of the Congregational church, acted as chairman for the colored and succeeded in rousing much interest in the crusade for stamping out tuberculosis, as well as realizing a helpful amount from the sale of seals. Fifteen dollars have been accredited to the colored workers.

Colored Pastors, P. A. Callaham, P. W. Walls and W. M. Bascom, have been active in assisting with the work Reports from these pastors have been given in. All other colored ministers are urged to make their full report to Stanley as soon as possible, as sales are being checked up for the final entry.

HEALTH OFFICERS MAKE MANY VISITS

Montgomery Advertiser 1/23/23

Twenty-Nine Communities Inspected During Month

Twenty-nine communities in fifteen Alabama counties were visited during December, 1922, by inspectors of the bureau of inspection of the state board of health, C. A. Abele, director of the bureau states in his monthly report made public Saturday. A total of 342 inspections were made in that time, including 41 inspections of hotels. Certificates of inspection were issued to 26 of these hotels, the average score being 93.2. Three hotels, it is stated, attained scores too low for the issue of certificates; two hotels had not yet been provided with proper sanitary water connection facilities; and 9 hotels were inspected but not scored.

The report states that three hotels which were not properly equipped in this way at the time of the last inspection, had since installed them and were given certificates at the time of the December inspection. Twenty-one of the hotels had previously been scored at least once. The average of previous scores was 92.7; the average of December scores was 94.8; six of these hotels had twice been scored before. The average of first scores was 88.9; of second scores, 91.0 and of third scores, 94.0.

Following is a summary of the inspections made during the month of December: Hotels, 41; cafes, 87; barber shops, 59; soda fountains, 54; bakeries, 7; bottling plants, 23; canning factories, 6; meat markets, 52; oyster shuckers, 9; cane juice dispensers, 4.

HOUSE VOTES FOR STATE TO ENTER RELATIONS WITH UNCLE SAM UNDER SHEPARD-TOWNER MATERNITY BILL

Montgomery Advertiser 2-9-23

Long Makes Vigorous Fight on Resolution and Hall Calls It Step Toward Bureaucracy; Judges' Expense Act Approved

The house of representatives Thursday morning passed a resolution endorsing the cooperation of the state with the federal government in the provisions of the Shepard-Towner maternity and child welfare bill, and authorizing the state treasurer to receive the federal appropriations to aid in this work.

It was stated that the federal government offers a flat gift of $5,000 to the state, and after this will give money to be matched by the state. It was stated further that no special appropriation will be necessary, but that the state health department will simply use money which would have otherwise been used for work of this kind to match and receive federal aid.

Lee Long, of Butler, opposed the passage of the bill at this time stating that he had heard some very strong statements made against it, and wished to give it further consideration.

Advocates of the resolution stated that it will of course not authorize any appropriation, and that any money which might later be gained by the state through matching federal funds is money which would be divided among other states from the federal treasury unless Alabama gets its share. It was stated that the bill expressly prohibits welfare workers from going into any family over the protests of either parent.

Mr. Long stated that although the resolution does not provide an appropriation it is quite possibly a forerunner of requests later for appropriations based on the endorsement of the measure through the passage of the resolution.

Representative Hall, of Bullock, opposed the resolution on the ground that it is another step toward centralization and bureaucracy.

Mrs. Wilkins, of Dallas, proved an able advocate of the resolution, while Representatives Walton, Lewis Bowen, Goodwyn, and Ashcraft, of Lauderdale, spoke in favor of the measure. Mr. Long's motion to defer action until the summer session was tabled by a vote of 46 to 42. Mr. Long made a motion to indefinitely postpone, but subsequently withdrew it, and the resolution passed by a vote of 74 to 23.

At the opening session, Thursday morning, Representative Henley, of Columbia, moved to reconsider the vote by which the house defeated the bill to allow circuit judges on official business outside their circuits traveling expenses and up to $5 per day for maintenance. The motion was adopted and the house by a vote of 58 to 34 passed the bill.

Representative Moxley, of Crenshaw, took from the adverse calendar at the afternoon session without a dissenting vote a bill to place on the Confederate pension rolls the veterans who at present are barred by holding property in excess of the limit at present provided. The number of veterans affected is a little over 400, Dr. Moxley said and they will be placed in class three, if the bill passes, and given $64 per year.

Representative Long introduced a resolution to provide that when the house adjourns Friday it shall be until July 10 at noon. This went to the rules committee.

The house passed resolutions increasing the membership of the joint recess agricultural committee by one member from the senate and two from the house; the educational committee, two members from the senate and three from the house; and the code committee, one member from the senate and two from the house.

A bill to increase the salaries of members of the Jefferson county board of revenue passed late Thursday evening. The bill was introduced by Mr. Fite, and was opposed by Mr. Howze, who moved to defer action until the summer session. The motion was defeated and the bill was passed with but little opposition, with an amendment by L. K. Bowen reducing the salary of the president of the board from the $6,000 per annum in the bill to $5,000, and of other members from $5,000 to $4,800.

The house received the bill establishing the state board of convict supervisors, as amended by the senate to increase the salaries $1,000 each, late Thursday afternoon, and deferred action until Friday.

Bills favorably reported were: to define liability for participation in breaches of fiduciary obligations and to make uniform the law relating thereto; to make uniform the law of sale of goods; to provide for a uniform law for issuing warehouse receipts; to require the teaching of the constitution of the United States in public and private schools, to abolish the office of deputy solicitor of Coffee county; to regulate the working of the public roads of Coosa county, and to prevent the unlawful wearing of the American Legion button, this last bill being reported with substitute.

New bills introduced included one by Mr. Goodwyn to create a state board of registration and to regulate the practice of architects and various types of engineers; by Mr. Odom, to regulate the imposing of a privilege tax by counties on tonnage wagons or other vehicles; and a bill by Mr. Adcock amending the pension laws.

The house concurred in a senate amendment to the bill, which provides that banks may carry on a trust business without having the word "trust" in their names. The amendment cuts the amount of capital stock necessary for such banks from $100,000 to $50,000.

Adjournment was until 10 a. m. Friday.

Negro Facing Extermination, Says Doctor

3-5-23

Birmingham Baby Specialist Says Race Is Losing Its Vitality.

Birmingham, Ala., March 4.—(Special.)—The negro race, under present health conditions, faces extermination, according to Dr. J. Ross Snyder, baby specialist, of Birmingham. For many years he has been head of the infant clinic at the Hillman hospital, where thousands of negro babies have come under his observation.

"Observation has shown me," said Dr. Snyder, "that the race is losing its vitality so rapidly as to be a menace of the most serious proportions. Within the past 10 years there has been a striking increase in the inability of negro mothers to nourish their children properly. Such a condition can not continue without serious effects in the very near future."

NEGRO CHILDREN ARE POORLY FED RACE THREATENED

Birm Reporter
Birmingham Ala.

DR. SNYDER PRESENTS STRIKING FACTS REGARDING PRESENT GENERATION OF NEGRO BABIES 3/10/23

Editorial Note:

Dr. J. Ross Snyder, a baby specialist, is delivering a series of lectures to white clubs and associations thruout the Birmingham district on the had health condition respecting the Negro children and other handicaps respecting the Negro people in general of Birmingham and Jefferson County. These lectures or addresses are delivered chiefly to white people in a persuasive manner that the conditions complained of might be changed by the persons who are largely responsible.

All of us, while regretting most seriously the plight and seeming final annihilation of the Negro because of health conditions and various other causes, must agree that much can be done by the Negroes themselves. There is far too much cerelessness on the part of our people in these matters and it is not all because of ignorance. However, the greater hinderance among us is ignorance which breeds sloverness and a lack of human respect. The good women of the race are prosecuting a campaign to raise five thousand dollars for the treatment and care of just the people or children that Dr. Snyder is discussing. It waits to be seen what interest we have in ourselves.

That present conditions are contributing strikingly to the extermination of the Negro race is the burden of a series of talks which Dr. J. Ross Snyder, baby specialist, has been making during the past week to the luncheon clubs and other civic bodies. Dr. Snyder emphasizes that it is the duty of the white race to take steps to remedy conditions because the Birmingham and other southern communities are so dependent upon the Negro race for their prosperity and welfare, to say nothing of the humanitarian feature.

Dr. Snyder has for many years been head of infant clinic at Hillman hospital and at the free dispensary and in this position thousands of Negro babies have come under his observation. "Observation has shown me," he said in his talk to the Kiwanis Club, "that the race is losing its vitality so rapidly as to be a menace of the most serious proportions. Within the past 10 years there has been a striking increase in the inability of Negro mothers to nourish their children properly. Careful observation shows that in most cases the infant begins to show lack of nourishment after about the sixth or seventh month of its life. Beyond that age it is almost universal to find Negro children undernourished. Such a condition cannot continue without serious effects in the very near future.

Better to Face Conditions

"My visits to other hospitals in other cities of the South show me that Birmingham is not alone in this condition. It exists all over the South. If the babies of the race go on as they are at present it is easy to see that there will soon come a time when there won't be any race. We men of the South may try to conceal the real facts from ourselves, but it is much better from every standpoint that we face conditions and do what we can to alleviate them. The South cannot get along without the Negro. We might as well acknowledge that to start with. We have got to get right down to hard, cold facts and let ourselves be convinced that there can be no race barriers in the matter of disease. Disease recognizes no barriers of any kind. A diseased and immoral Negro race cannot exist side by side with a moral and healthy white race. One is affected by the other. There is no way round it and no way to prevent it. It will not hurt the southern white man to do his part in putting the Negro on a higher health and moral plane. Social equality has nothing to do with it. Having lived all my life among them I have never heard of any Negroes agitating for social equality except mulatoes and that itself is a boomerang up on the white race.

Leaving by Thousands.

"If the race is not depleted by lack of vitality due to ill health and undernournishment it is going to leave the south. It is leaving already by thousands. And if we are honest we must admit that it has much justification. The Negroes are not only not given proper encouragement in the matter of living conditions but they are preyed upon by many among us in a manner of which we should be ashamed. I am told by one of the real estate men who rents chiefly to Negro tenants that his monthly repair bills are tremendous and in nearly all cases these repairs are to doors which have been battered down by officers forcibly entering Negro houses in search of liquor. We need real laws to protect the Negro from some of the depredations that are made upon him. Loan sharks are among the worst. Installment plans of various kinds are abused shamefully to the Negro's disadvantage. Some of the benefit insurance schemes are just as bad. On every hand it seems that there are among us some men who make their living at the expense of the unfortunate Negro race.

"It may not be pleasant to hear all this but it is our duty to get busy and do something about it. You know and I know that Birmingham could not keep going for 30 days without the Negro. There is no use trying to fool ourselves about that. Therefore the purely selfish aspect of the situation ought to prompt us to activity even if we are not moved as we should be by the humanitarian aspect. Have you seen the hovels that most of our Negroes are forced to live? Health and morality are impossible in such quarters. Tuberloculosis and worse are knocking at every door. And there is no barrier to these disease guests which prevents them from coming over to the other race. Let's not try to fool ourselves about this any longer. It is your problem as well as mine and of every other man in the south."

WITCH AND SNUFF FOES TO HEALTH IN MILL VILLAGE

Montgomery Advertiser

Twentieth century health workers in Alabama textile towns find obstacles in two survivals from the eighteenth century: witchcraft and snuff-using, according to Miss Mary Hamilton, nurse and welfare worker at Alabama City.

3/20/23.

In a talk made yesterday afternoon at the Alabama Conference of Social Workers, Miss Hamilton told of how an elderly female, seemingly the professional descendant of some of the "wise women" of the medieval English villages, was called on by a mill worker to treat a sickly infant. She operated, said Miss Hamilton, by cutting a small cross on the baby's back with a razor, putting a drop or two of the blood from the wound in a solution of water and then giving the child the potion to drink. This process is called "scarifying," said Miss Hamilton, who added that the old dame mentioned gave the doctors and nurses a world of trouble in correcting some of the results of her middle-age practice.

The welfare worker further stated that much of the unhealthy appearance she noticed among the cotton mill people, which she first attributed to the lint they involuntarily absorbed in their working hours, she afterwards found was due to the snuff that they willingly took into their systems during their leisure moments. She attributed much pellagra and tuberculosis to excessive snuff taking.

However, Miss Hamilton added, the younger generation has become largely weaned away from the habit. "Dipping" is no longer being done among the flappers of the mill section, she says.

President of Body Declares No Laws Enacted For Benefit of Doctors

MOBILE, ALA., April 17.—Recommending that the Alabama Medical Association memorialize the legislature to foster and extend the work of the state health officer, S. W. Welch, Dr. W. S Britt, Eufaula, president of the association, in his annual address opened the four day meeting which marks the fifty-sixth convention of the association.

Montgomery Advertiser 4/18/23

Approximately one hundred and fifty registrations were taken Tuesday by the secretary, Dr. H. G. Perry, Montgomery, and this number will be increased by a hundred Wednesday, said Dr. Perry. All sessions are being held in the Battle House, with Dr. Britt presiding.

Welcome Is Given.

Dr. Britt thanked Mayor Taylor and Dr. G. C. Kilpatrick, president of the Mobile Medical Association, for the cordial welcome they extended the fraternity on behalf of the citizens of Mobile and the physicians of the city. The people of the state, said Dr. Britt, appreciate the value of Mobile as the state's port city.

The president referred to the success of organized medicine in killing bills in this state legislature which would tend to lower the medical standard. There, he said, no law on the statute books for the benefit of doctors personally, but all laws as written are for the protection of the people and public health.

Dr. Britt quoted from the speech of retiring Governor Kilby in which this executive declared that the health system of the state, under Dr. Welch is sound and workable, and asked for an appropriation of $500,000, to carry on health work in the state.

Dr. Britt called attention to the drive for funds to erect statues to Dr. W. H. Sanders, first state health officer, Dr. Marion Sims and Dr. Gorgas. The president urged that all members of the association respond liberally.

The Tuesday evening program consisted of papers read by Dr. D. C. Donald, of Birmingham; a discussion of malaria, by Dr. Kenneth A. Maxey, United States public health service officer, Montgomery; a paper by Dr. W. G. Smilley, county health officer of Covington; and a paper on indications for tonsil removal by Doctors W. W. and J. D. Perdue, Mobile.

The morning session Wednesday will be devoted to reading of scientific papers and at eleven o'clock a special order of business will be the Jerome Cochrane lecture, delivered this year by Dr. James S. McLester, Birmingham. The subject will be "Nutrition in Its Newer Aspects." Dr. McLester is the second Alabamian to be awarded this honor, Dr. L. L. Hill, of Montgomery, being the first.

Among the physicians composing the Montgomery delegation who have arrived, are Doctors Fred Wilkinson, Cosby Byrd, H. G. Perry, S. W. Welch, L. L. Hill, B. S. Hill, J. W. Barker, C. A. Thigpen, F. C. Stevenson, Virgil Dark, W. A. Reynolds, and others.

Plan Woman's Auxiliary.

A woman's auxiliary is one of the plans to be taken up in the business session Wednesday. The wives of the delegates will meet in the afternoon to organize this unit.

Lieut. Governor Charles McDowell is the feature speaker for the open session Wednesday, after which delegates and visitors will be entertained at a reception by the Elks and a dance at the county club.

Thursday's program will be largely entertainment features, there being a business meeting scheduled for the evening. Annual election of officers will take place Friday morning.

Railroad Surgeons Organize.

Preceding the opening session, an organization of railroad surgeons of the state was effected, with Dr. F. Marion Inge, Mobile, president; Dr. J. C. Ray, Woodstock, secretary-treasurer, and Dr. S. B. Allison, Minter, vice-president.

The organization will be known as the Alabama State Association of Railroad Surgeons, and will meet coincidentally with the Alabama Medical Association, in annual session.